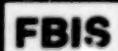


JPRS-TEP-85-021

6 December 1985

Worldwide Report

EPIDEMIOLOGY



FOREIGN BROADCAST INFORMATION SERVICE

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EDITORIAL ADVISES ON FIGHTING DIARRHEA MENACE

Dhaka THE NEW NATION in English 28 Sep 85 p 5

Editorial: "Menace Of Diarrhoea"

Text Seventyfour lives have been claimed recently by diarrhoea and dysentery in various parts of the country, says a report. Although the toll so far is not too high or of epidemic proportion, those attacked run into thousands. In Nilphamari district alone, besides the 53 deaths, more than 3000 people have fallen ill. The spread of the diseases on such a large scale is just after a brief respite and the concerned authority, it is alleged, did not come to people's rescue with medical aids despite timely information. Among other places badly hit by the diseases Panchagarh comes next where also about 3000 people are attacked by various intestinal diseases. Most worrying is the fact that in almost all places the victims are children. A thorough medical inquiry as to the cause of children's vulnerability is essential.

Diarrhoea is no more as dreaded as it was but its visitation is almost a regular phenomenon in this part of the world. Even the causes of the spread of diseases like diarrhoea are now widely known. But in most cases the socio-economic condition of people compels them to break the health rule. For example, knowing that impure food and drink cause the spread of diarrhoea, people of small means in villages cannot completely avoid consumption of those even if they wanted to. The preventive measures they are expected to adopt therefore fail to bring about a decisive change in the health condition of

rural people. Substantial increase in the number of tubewells along with an effective system for keeping those in operation round the year might have given some positive results.

While there is no short-cut to bringing about a radical change in people's economic condition, curative measures along with the preventive will equally call for our attention. In this respect the breakthrough the International Centre for Diarrhoeal Diseases' Research (ICDDR) has made is really commendable. The simple method of salt and sugar or gur solution for treatment of diarrhoea requires to be known to more people in villages. The screaming billboards showing the saline preparation on city roads can under no circumstances bring about the desired result. The more those are displayed in important rural places, the larger number of people there will be informed. Lastly, the upazila health centres should have essential life-saving drugs so that severe cases can get treatment there.

/12851
CSO: 5450/0024

BANGLADESH

BRIEFS

RABIES CASES NOTED--COMILLA, Oct 1--Within the span of last six months, by drophobia claimed 20 lives in Chawddagram upazila, it is gathered. The most recent victim was a man who was bitten by a mad dog two months back. [Text] [Dhaka THE NEW NATION in English 2 Oct 85 p 2] /12851

COMILLA DIARRHEA DEATHS--COMILLA, Oct 7--Diarrhoea has claimed at least 13 lives while 113 others have been attacked with the disease in five upazilas Comilla in last three days. It is learnt that 10 persons fell victim to diarrhoea only in Barura upazila, two in Laksam and one in Muradnagar upazilas. According to Barura upazila chairman out of 80 persons attacked in the worst hit areas of Goshpa, Sudra and Doyad villages, 10 died while 15 persons were lying at the upazila Health Complex. Most of the diarrhoeal patients are children. Meanwhile, saline and aqua are selling at Tk 75 and 95, respectively per bag at Barura. However, it is gathered that a medical team has been sent to Barura in to mean time. [Text] [Dhaka THE NEW NATION in English 8 Oct 85 p 2] /12851

DIARRHEA IN JESSORE--CHAUGACHA (Jessore), Oct 4--Four persons died of diarrhoeal diseases and over one hundred others have been inflicted with the disease recently in Chaugacha upazila under Jessore district, according to a report reaching here on Thursday reports ENA. Meanwhile, the civil surgeon of Jessore, after visiting the affected areas, told ENA that precautionary measures have been taken to combat the disease. He, however, admitted that about one hundred people have been suffering from diarrhoea and dysentery. He said that a medical team was sent to the affected areas and measures have been taken to supply adequate quantity of medicines and other necessary materials there. [Text] [Dhaka THE BANGLADESH TIMES in English 5 Oct 85 p 2] /12851

BLOOD DYSENTERY OUTBREAK--Blood dysentery and diarrhoea have broken out in Chowra Baragucha Union and Charajkhola Union of Nilphamari Sadar Upazila and Ketkibari Union of Domar Upazila in an epidemic form Chowra Baragucha U.P. Chairman told that 16 persons of his union died of these diseases during the last 15 days. Information was received that 3 persons of Ketkibari Union died of this disease during the last 7 days. On contact, the official source of Nilphamari Civil Surgeon admitted that 3 persons died of this disease and at least 167 persons were attacked. It is apprehended that the disease may spread widely in case oral saline water purification tablet and necessary medicines are not sent to the affected areas. [Text] [Dhaka THE BANGLADESH OBSERVER in English 20 Sep 85 p 2] /12851

NILPHAMARI DIARRHEA DEATHS--NILPHAMARI, Sept 17--A total of 80 persons died of and 800 others were attacked with diarrhoea and blood dysentery during last week in five upazilas of the district. Of the total, 28 persons died in Jaldhaka upazila, 38 in Nilphamari Sadar, five in Domar upazila, in Kishoreganj upazila and two in Saidpur upazila. Now, the total death toll up to September 15 stands at 300. When contacted, the Civil Surgeon, Nilphamari, confirmed the death of 192 persons and said that the medical teams had been working in the affected areas. On the other hand, the Chairmen of Union Parishads alleged that proper treatment had badly been hampering due to lack of medicines. **Jamalpur--Dysentry**, diarrhoea, Kalajar and other intestinal diseases have broken out in Jamalpur district in our epidemic form. It is reliably learnt that 15 persons died of diarrhoea in Dewanganj, sharishabari, Islampur Sadar upazilas during last one month. Besides, many patients, particularly children, are undergoing treatment in Jamalpur Hospital. Meanwhile, the local medical practitioners attributed such a large-scale attack to adulterated foodstuffs, particularly edible oil and sand mixed atta consumed by local people under compelling circumstances. [Text] [Dhaka THE NEW NATION in English 18 Sep 85 p 27 /12851

NILPHAMARI DIARRHEA CASES --NILPHAMARI Sept 27--Diarrhoea and dysentery have broken out in many villages of Nilphamari district once again in an epidemic form. At least 82 persons reportedly died of these diseases while more than 2 thousand persons were attacked with the diseases during the last one fortnight. Different sources said that 28 persons of Khulaura, Dowabari and Showimarrj unions under Jaldhaka Upazila 38 persons of Chowrateragucna, Chapras-haranjami, Charaikhola and Panchapukur unions under Nilphamari Sadar Upazila, 5 persons of Ketkibar; and Bhogdabari unions under Domar Upazila, 9 persons of Kishoreganj Upazila and 2 persons of Saidpur Upazila died. The majority of the victims were children. The Chairmen and the members of the effected unions complained that proper treatment hampered on account of non-availability of necessary medicines. The Civil Surgeon, Nilphamari admitted the death of 14 persons and diseases of 1,869 persons during the said period. He, however, advised the patients of far flung areas of getting themselves admitted into the nearest Health Complexes where sufficient medicines were available to combat the diseases. [Text] [Dhaka THE BANGLADESH OBSERVER in English 28 Sep 85 p 37 /12851

EYE INFECTION FLAREUP--CHITTAGONG, Sept 24--Eye infection has flared up in Chittagong causing sufferings to the people. Hundreds of people have been affected with the disease in the port city. Dusty and languid weather is known to have caused the disease. The disease inflates the eye balls and redens it with irritation. Doctors, however said it was not a matter of worry and added the infection would subside within three to four days. The sale of eye ointment and drops have increased in the city while the optical shops brought in coloured eye glasses for sale. [Text] [Dhaka THE NEW NATION in English 25 Sep 85 p 27 /12851

INFLUENZA IN SATKHIRA--SATKHIRA, Oct 1--Influenza has broken out in Satkhira Upazila in an epidemic form. Almost every house has been hit and in most of the houses two or three persons are affected by this disease. It is learnt that hundreds of people have been attacked by this disease during the last two weeks in the Upazila. The influenza continues for about seven days. The victims feel an intolerable headache and body-pain and the temperature increases up to 109 degrees. All treatments prove ineffective to control the disease. The patients take pineapple at the effected times as their diets. [Text] [Dhaka THE BANGLADESH OBSERVER in English 2 Oct 85 p 7] /12851

FLU, JAUNDICE OUTBREAKS--Influenza has broken out throughout Jamalpur district in an epidemic form. According to a report, about 25,000 people were attacked with the disease in different upazilas of the district. The disease continues for about four days. The victims feel intolerable headache and pain in the body while temperature rises to 103 or 104 degrees. Besides, jaundice has also broken out in an epidemic form in different areas of the district. About 60 people have been attacked with the disease so far. Sufficient medicine is not available here to combat the disease, it is learnt. [Text] [Dhaka THE NEW NATION in English 25 Sep 85 p 2] /12851

JAUNDICE DEATHS REPORTED--GOPALGANJ, Oct 5--Thirty persons died of Jaundice recently in Gopalganj district due to scarcity of glucose injection and other relevant medicines in the government hospital and local markets. It is learnt that four persons of village Dalnia, three of village, Bedgram and two persons of district town and 21 others from other upazilas of the district died of the disease. On the other hand, another 100 persons have been suffering from jaundice as it has broken out in the district in an epidemic form. When contacted, the District Health authority expressed their ignorance about this matter. [Text] [Dhaka THE NEW NATION in English 6 Oct 85 p 2] /12851

OPHTHALMIA EPIDEMIC REPORTED--NARAYANGANJ, Sept 30 (BSS)--Ophthalmia has broken out in an epidemic form in the town during the last fortnight. According to Narayanganj Modernised Hospital sources, of the total patients attending at the outdoor department of the hospital 80 percent are affected by the conjunctivitis viral infection. The symptoms of this infectious disease is eye sore with swelling, itching and reddish colour and lasts three or four days. Both children and adults have been equally affected by this highly infectious disease, doctors said. The source said people living in slum and industrial belt fall easy victim to this disease. [Text] [Dhaka THE NEW NATION in English 1 Oct 85 p 2] /12851

MORE OPHTHALMIA REPORTS--RUPGANJ, Oct 5--Ophthalmia has broken out in an epidemic form in Rupaganj and Araihazar upazilas. According to Upazila Hospital source 70 percent of the outdoor patients attending the hospital these days are affected by the conjunctivitis viral infection. As per symptom, this disease includes eye irritation with swelling, reddish colour of eyes which last four to five days. Both children and adults have been equally affected by this highly infectious disease, it is learnt. According to a hospital source people living in slums and industrial areas fall easy victim to this disease. Barguna--Our Barguna Correspondent adds: Attack of ophthalmia in different upazilas of Barguna has assumed epidemic form. It is learnt the disease with its usual symptoms affected both children and adults alike. Each and every one of the family fall ill if one is attacked with the disease. [Text] [Dhaka THE NEW NATION in English 6 Oct 85 p 2]
/12851

CSO: 5450/0031

MEASURES UNDERTAKEN TO DEAL WITH AIDS CASES, PROBLEMS

Testing of Blood Donations

Windsor THE WINDSOR STAR in English 15 Oct 85 p A8

[Text] MONTREAL (CP) — Canada will be screening all blood donations and blood products for the deadly AIDS virus as of Nov. 4, about six months after comparable testing began in the United States.

But the Canadian Red Cross Society, which handles blood donations across the country, says the delay in testing on this side of the border may have been worthwhile.

First, the society insisted that Ottawa and the provinces agree to pick up the tab for the tests — an estimated \$5.2 million for 1986, said Red Cross spokesman Ken Mews.

The Red Cross also stipulated that before starting the tests the provinces should find ways of setting up parallel or screening tests for those who think they might have the virus or AIDS antibodies, Mews said.

British Columbia is believed to be the first province to set up a province-wide system for parallel testing. It began earlier this month, said Mews.

HE SAID last May's Ontario election was a factor in slowing the process of getting the AIDS tests rolling.

All provinces and Ottawa met the Red Cross's conditions by mid-summer, Mews said.

After that, it took the Red Cross 12 weeks to train staff, set up laboratory facilities and make other preparations for testing for AIDS — acquired immune deficiency syndrome.

"I don't think it could have been put in place any faster than it was," said Mews.

Some Red Cross centres have started testing, and all blood and blood products distributed by the Red Cross as of Nov. 4 will have undergone the AIDS tests, Mews said.

THE UNITED STATES, where blood is collected through a variety of groups, including commercial companies, approved three blood

tests for AIDS in April, Mews said. The tests were in widespread use about a month later.

But some states now say they are running out of money for the parallel tests, he said. Experts believe a person can have AIDS antibodies in his or her blood without ever contracting the incurable disease, which kills most of its victims within two years of diagnosis.

"We wanted to prevent that from happening in Canada," Mews said of the financial problems being experienced with testing in the United States. It may have taken longer to get the tests started in Canada, "but we may end up with a better system."

The tests are not perfect and can give false readings, but the Red Cross will retest all blood samples that indicate the presence of AIDS virus.

THE RED CROSS is urgently trying to combat blood donors' fears that a person can contract AIDS simply by giving blood. The fear, which Mews described as "totally unfounded," left Ontario blood banks over the weekend with the most severe shortage of blood in five years despite emergency loans from other blood banks.

There is absolutely no way anyone giving blood can contract AIDS, Mews said.

Three people have been known to have contracted AIDS because of blood transfusions received through the Red Cross, which collects about 1.4 million units (450 millilitres) of blood across Canada each year, Mews said.

All three, now dead, got the disease before the AIDS virus was isolated three years ago, he said.

The risk for getting AIDS from a transfusion of untested blood is one in 750,000, Mews said. That risk should be substantially reduced with the testing program, he added.

323 Reported Cases

Toronto THE TORONTO STAR in English 16 Oct 85 p A21

[Article by Lillian Newbery]

[Excerpts] If you are a regular blood donor in Metro Toronto, you may notice a few changes when you go to donate.

Because acquired immune deficiency syndrome can be transmitted in blood transfusions, the Red Cross is trying to ensure that people who might have AIDS-related illness do not donate blood.

As of yesterday, the Laboratory Centre for Disease Control in Ottawa had received reports of 323 cases of AIDS, 305 in adults and 18 among children. A total of 159 persons, including four children, have died of AIDS in Canada. The victims include three adults and one infant who developed AIDS following blood transfusions.

For a couple of years, the Canadian Red Cross has asked high-risk groups such as homosexuals and people who have had sexual contact with people with AIDS not to donate blood.

Recently, according to Dr. Roslyn Herst, deputy medical director of blood transfusion services, they have expanded the brief medical questionnaire that you fill out before you donate. They have added questions such as whether you are suffering from swollen glands, weight loss and persistent fever, which can be symptoms of AIDS-related complex, a condition that can go on to AIDS.

In addition, in the Toronto area only, the Red Cross is handing out a new AIDS information pamphlet indicating a number of groups at high risk. As part of a study, they're asking donors to indicate on a questionnaire if they belong to one of the high-risk groups. If so, the donor may indicate that the blood could go for laboratory work rather than for transfusion.

Confidential Number

The donor does not sign the questionnaire and the information is kept confidential through an identification number.

In the four years since the disease has been known four million units of blood have been transfused in Canada.

Along with the four Canadians who died after developing AIDS following blood transfusions, a fifth person, a man, has developed AIDS after transfusions at Ottawa Civic Hospital in 1982 during open-heart surgery. At the time, it was not known how AIDS was transmitted.

In 1983 in France, and about a year later in the United States, the virus believed to cause AIDS was identified.

Records show that the person in the Ottawa region who donated the blood now shown to have the antibody donated three pints in the past four years, but none in the past 18 months.

Red Cross officials are searching through records at 29 Ottawa-region hospitals to find who besides the heart patient may have received transfusions from two other pints of blood given by the same donor.

Dr. John Clayton, director of the Laboratory Centre for Disease Control, said although he is aware of the Ottawa case, it has not yet officially been reported to federal authorities. Cases are usually reported first to local public health authorities, then to the province, then to Ottawa.

After Nov. 1 the Canadian Red Cross will test all blood donations for the antibody to the AIDS virus. The Red Cross will use a rapid screening method called an ELISSA test. Samples that show positive two out of three times will be sent to Ottawa for further confirmation by a more complicated test called a western blot.

Stored Blood Tested

Some Red Cross centres have already started the tests, Herst said, and by November, all blood in storage as well as new donations, will have been screened for presence of the LAV/HTLV III anti-body believed to cause AIDS.

Although presence of the antibody does not necessary mean a person is infectious, all blood with a positive antibody finding will be discarded.

The donors will be told their blood does not meet Red Cross standards and will be asked to see their doctor for an explanation of the positive antibody finding.

Had the test been in place back in 1982, the Ottawa blood containing the antibody would have been thrown out and never used for transfusion.

Clayton said Canada already has "excellent" blood transfusion services and the new test will make it even better.

The Red Cross divides Canada into 17 regions for the collection and transmission of blood. Ontario has five regional centres.

When you donate blood, your donation is assigned a unit number, Herst said yesterday. The same number accompanies two vials of blood used for testing purposes. The blood is sent to regional headquarters where it undergoes a battery of tests—for antibodies, blood type and for transmissible disease.

All blood in central Ontario is transported to Toronto for tests and preparation and is then transmitted back to hospitals in the region.

Red blood cells can be refrigerated for five weeks. Platelets can be kept for only five days at room temperature. Frozen plasma blood products can be kept for many months and used for clotting factors or for burns.

Records of where each unit was sent are kept on computers.

It is not correct to call someone who has the antibody to the virus a "carrier," Clayton said. "To be a carrier you have to have a virus and people who carry a virus are potentially infectious."

A positive response to the antibody test, on the other hand, indicates that you have had exposure to the virus, he said. Your body may have fought off the virus entirely or a collection of pre-viral genes may still be in the body, requiring some "co-factor to turn them on to do things."

"Probably one in 40 people infected go on to get AIDS. Clearly others throw off the virus in an antibody response or retain gene particles."

The one in 40 figure is an estimate based on studies indicating that one in 10 people with the antibody go on to get AIDS-related complex, a type of illness with swollen lymph glands and frequent infections, and up to 25 per cent of people with that complex go on to AIDS, Clayton said.

Confusion about AIDS appears to be responsible for a reluctance among some Ontario residents to donate blood.

A drop of 20 per cent in blood donations in Ontario in recent weeks may be linked to the mistaken notion that a person can catch AIDS from giving blood.

Herst said it would appear some donors are "somewhat confused about AIDS," and "when people are confused, the easiest way is to do nothing."

"Completely new equipment" in which needles, tubing and bag are all one unit, are used for each donor, Herst said.

Sterile Procedure

"Giving blood is a sterile procedure. The equipment used to take blood donations is used once and then thrown away. It is impossible to get AIDS from giving blood."

In Canada, the four deaths from AIDS following transfusions include: a Quebec infant who received a total blood transfusion, two Vancouver cases, one burn victim with an amputated leg who had received hundreds of transfusions and a person who underwent massive heart surgery. Details of the fourth case have not been made public.

Prison Cases

Windsor THE WINDSOR STAR in English 1 Oct 85 p A9

[Text] A woman prisoner in British Columbia and another inmate in Alberta are suffering from AIDS.

Gary Steeves, spokesman for the guards' union at the Lower Mainland Regional Correctional Centre in Burnaby, B.C., said Monday a woman was removed from the prison population when it was learned she had the disease.

Most victims of the disease are homosexual men or intravenous drug users.

The unidentified woman, who entered the prison in this Vancouver suburb on Friday, is in isolation in the prison's health care centre.

Dr. Gordon Matheson, a physician at the provincial jail, said the woman was placed in isolation for the protection of other prisoners and staff.

Steeves said union and prison officials met Monday to discuss guidelines for handling prisoners with acquired immune deficiency syndrome.

"We agreed that AIDS victims should be kept in the hospital unit and should not mix in the general prison population," he said.

A prisoner at Bowden Institution in Alberta was the first federal prisoner to have a confirmed case of AIDS. The 20-year-old man is being kept in isolation.

"He's in our health-care centre undergoing some treatments," said assistant warden Bill Edington.

The 20-year-old man arrived at Bowden last Thursday. Edington would not disclose any further information about the prisoner, including where he was transferred from or his name.

He said isolation is in accordance with a Correctional Services of Canada policy directive issued earlier this month to institutions across the country.

ARC Case in Prison

Windsor THE WINDSOR STAR in English 2 Oct 85 p A6

[Text] EDMONTON (CP) — A prisoner in Bowden Institution reported to have AIDS is not suffering from the disease itself but from a preliminary stage known as AIDS-related complex, a federal prison spokesman said Tuesday.

Les Shand, Prairie region communications officer for the federal Solicitor General's Department, was confirming a statement by Dr. John Waters, Alberta's director of communicable diseases.

"There is no reported case of AIDS (acquired immune deficiency syndrome) in Bowden," Waters said.

He said there are many AIDS-related diseases, none of which have to be reported to provincial health authorities. Only AIDS, which breaks down the body's immune system and is fatal, must be reported.

AIDS-related complex is an early stage of the disease, Waters said. It may or may not develop into AIDS, but "the vast majority of people with ARC do not progress to AIDS."

HE SAID the prisoner at Bowden presents no risk to staff or other prisoners.

Shand said the prisoner, transferred from the Fort Saskatchewan Correctional Centre when his illness became known, is being held in a general cell in the health-care unit at Bowden for the peace of mind of staff and inmates, not for any medical reason.

He said disclosure of the case has speeded up implementation of an AIDS education program for prisons, especially for Bowden.

The Solicitor General's Department had distributed preliminary information packages across the country and now is rushing an extensive package. Bowden will be the first institution to get it, probably by the end of the week.

Mentally Handicapped Patients

Toronto THE SATURDAY STAR in English 28 Sep 85 p A13

[Text] A 23-year-old patient in a Woodstock provincial hospital for the mentally handicapped does not suffer from AIDS, as preliminary tests suggested.

Doug Goodbun, director of Oxford Regional Centre, yesterday said tests on the man, who has been ill since he arrived at the centre 2 1/2 years ago, revealed no evidence of acquired immune deficiency syndrome.

The blood of a second patient, a 45-year-old man who has lived at the centre for about 30 years, is undergoing further tests.

Ontario Education Advisory Panel

Ottawa THE WEEKEND CITIZEN in English 28 Sep 85 p A2

[Text]

TORONTO — School board officials and parents won't be told if a child in their area comes down with AIDS, Ontario Health Minister Murray Elston said Friday as he announced plans to spend more on public education about the killer disease.

To allay fears "that being in the same province with a sufferer of AIDS" will lead to exposure to the disease, the government has provided \$200,000 to create an AIDS public education advisory panel.

Elston's announcement drew the prompt approval of Carleton Board of Education Chairman Hal Hansen and Don Francis, vice-chairman of the Ottawa Board of Education.

One of the functions of the AIDS panel will be to speak to school boards and parent-teacher associations to assure them a student with AIDS — acquired immunodeficiency syndrome — poses no threat to other children because the disease can't be transmitted through casual contact.

AIDS, believed to be caused by a virus transmitted through blood and semen or by contaminated hypodermic needles, suppresses the immune system, robbing the body of its ability to fight off infection.

Researchers around the world have been frantically seeking a cure for the disease.

None of the 131 reported cases of AIDS in Ontario involves children, Elston stressed. But if a child ever becomes afflicted with the disease, he or she would not be banished from Ontario schools.

Because AIDS is a reportable disease, family physicians would have to tell the local medical officers of health if a child had it. But patient-doctor confidentiality would prohibit that information from being made public.

Asked about the rights of other parents to know that their children might come in contact with a classmate who has the deadly disease, Elston replied the sick child has rights too.

"If a child's in school and

there's not a danger to other children, are you trying to tell me that we should exclude that person from obtaining an education? I think not."

Hansen said Friday night he agreed with Health Minister Elston.

"Naturally we will go along with the wishes of responsible ministers and medical health officers. The key is to identify the relevant information about any cases, but certainly not cause any scare and hopefully not deprive

any child of an education needlessly."

He said he felt sure the Carleton Board "would go along with the policy."

Francis said the Ottawa Board of Education discussed AIDS "in a theoretical way" last week in camera, and trustees have asked for more medical and technical information from experts.

"This policy will help us, particularly since we're going to get all the information we need. We certainly don't want to raise any panic."

"When we're assured the disease isn't really communicable in a school setting the last thing we'd want to do is make a sick kid uncomfortable."

Elston said it's the responsibility of the local medical officer of health "to determine whether there is a health hazard with respect to having a person in the schools."

"We're told in fact children with AIDS can function normally in the school setting without endangering other people."

About 90 per cent of the AIDS victims in Ontario are homosexual, he said, and 80 per cent of all victims have been Toronto area residents. The number of cases in the province is doubling every seven and a half months, he added.

Ontario Health Law Study

Toronto THE GLOBE AND MAIL in English 1 Oct 85 p A10

[Article by Marina Strauss]

[Text]

Current knowledge about AIDS indicates no reason to place restrictions on people who have the disease, says the lawyer who will head a new study on the legal implications of AIDS for the Canadian Bar Association's Ontario division.

Tracey Tremayne-Lloyd, chairman of the bar association's health law section, said in an interview that it would be a violation of the rights of people with AIDS to place limitations on their lives and put them in quarantine.

She said acquired immune deficiency syndrome, the fatal disease that attacks the body's immune system, has not been proven to be communicable.

Ms Tremayne-Lloyd's comments yesterday followed the association's weekend decision to launch what

she believes to be the first major study by the law profession into the rights and duties of people with AIDS.

The disease has caused near panic in the United States, with allegations of discrimination against AIDS victims in housing, employment, schooling and other aspects of everyday life.

Nevertheless, lawyers in the association are divided on whether people with AIDS should have to restrict their activities for the good of society.

Oliver McKeag, a past president of the association, put forward the resolution to study the matter. He said AIDS victims may have a duty to accept limitations since "there's a limit on equal rights" under the Charter of Rights and Freedoms.

Mr. McKeag, who is on the board of directors of St. Joseph's Health Centre in Toronto, compared AIDS victims with drinking drivers in that they are both largely "authors of their own misfortune" whose negligence cause a financial burden on the state.

These people "subscribe to a different way of life and morality than I do," Mr. McKeag said.

However, Ms Tremayne-Lloyd disagreed, noting that AIDS has been contracted by babies and others through blood transfusions. Most AIDS victims in North America are homosexuals, and the disease is thought to be transmitted by sexual activity, contaminated blood transfusions, dirty needles or by a mother to her child in the uterus or during the birth process.

"We will try to achieve a judicial balance of the rights of the AIDS carrier and the rights of the potential victim," Ms Tremayne-Lloyd said.

Alexander Langford, president of the bar association, said people with AIDS — whether they are simply carriers or are infected with the disease — should be quarantined.

"We don't know yet all the ways that AIDS could be transmitted," Mr. Langford said. "At this early stage, we can't take chances, and at the same time we've got to give people treatment. . . . We must feed and house these people."

But Andrew Stikuts, chairman of the association's civil liberties section, said limiting the rights of AIDS carriers raises enormous problems because thousands of people may be carrying the AIDS virus without being actively afflicted with the disease.

These people cannot be uprooted unless they pose a "clearly demonstrable danger" to others, Mr. Stikuts said.

Referring to fundamental rights, Mr. Stikuts said, "If you chip away enough at something that's a basic block, you'll have nothing left but cinders."

Montreal AIDS Clinic

Windsor THE WINDSOR STAR in English 15 Oct 85 p D6

[Text]

MONTREAL (CP) — The first health clinic in Canada specifically for AIDS patients, suspected AIDS victims and people with related diseases is to open later this month at the Montreal General Hospital.

"We have more and more patients coming in (with AIDS or suspected cases of it)," hospital spokesman Joan Beauchamp said in an interview recently. "Their number and the high risk involved prompted the idea for the centre."

The centre, to be known as the Montreal General Hospital's AIDS Clinic, will combine information about the deadly virus, counselling services, treatment and research, Beauchamp said.

"There's nothing on this scale or like it in Canada," said Dr. Chris Tsoukas, an immunologist at the hospital who is considered likely to be named to head the clinic. "There's nothing that tries to integrate all this altogether."

At last count, Canada had 322 reported cases of AIDS or acquired immune deficiency syndrome, including 83 adults and 16 children under the age of 15 in Quebec, the Federal Laboratory Centre for Disease Control in Ottawa said.

However, the Quebec AIDS Committee reports a total of 131 established cases of the disease in the province at present, Beauchamp said.

To date, hospitals across Canada "handle AIDS cases on an ad-hoc basis," she said.

ANNOUNCEMENT of the clinic comes amid reports from Montreal patients and counsellors that doctors, dentists, hospitals and health-care workers have refused to treat AIDS victims for fear of being contaminated.

One patient, who complains of ignorance and prejudice among local doc-

tors, was sent home from the emergency ward at Hotel Dieu Hospital, which handles many of the city's AIDS cases, after being diagnosed as having the disease. He was then admitted to the General where doctors told him he would have died without treatment.

Details of the financing of the clinic remain to be worked out, Beauchamp said. She said the hospital has asked the provincial government, which is currently cutting hospital budgets, for "as much money as possible."

The precise amount has not been made public. All Beauchamp would say was that "we are talking millions of dollars." So far, Quebec City has not indicated whether it will approve or reject the request, she added.

In the meantime, the clinic will rely on a recent \$1-million grant by the Medical Research Council of Canada to a Montreal General team, headed by Dr. Tsoukas, to research various aspects of the disease and the virus.

THE HOSPITAL is already equipped with "the most sophisticated computer system in North America for AIDS analysis," Beauchamp said.

The work will be tied in with research being done at major research institutes in Canada and the United States, such as the Centers for Disease Control in Atlanta.

The clinic, which still does not have an opening date, will operate every Monday. It will be staffed by specialists in infectious diseases, psychiatry, immunology, dermatology and other disciplines as needed.

Key functions will include treating and counselling the patients and their families — most victims die within two years of being diagnosed — and keeping the specialists informed of all the latest information about the disease.

The clinic will also serve as a centre for diagnosing people with AIDS, the AIDS antibodies and AIDS-related diseases. Experts think that a person can have AIDS antibodies in his or her blood without ever necessarily getting the disease.

In recent years, there has been a stream of people coming to the hospital for blood tests to see if they have AIDS or the AIDS antibodies, Beauchamp said.

"The disease is so widespread, so unknown and so much in the spotlight that no one wants to take the risks," she said.

British Columbia Optometrists

Vancouver THE SUN in English 24 Sep 85 p A9

[Article by Holly Nathan]

[Text] Optometrists in British Columbia are already taking precautions recommended by the Canadian Association of Optometrists to prevent possible transmission of AIDS through contact with tears or eye-examination equipment, the B.C. Association of Optometrists said Monday.

The recommendations were formulated by the Centers for Disease Control in Atlanta, Ga., in response to tests showing AIDS may possibly be transmitted through tears.

The bulletin states there is no evidence to date that the virus has been transmitted through contact with tears of infected individuals or through medical instruments used to examine AIDS patients.

The U.S. National Institute of Health said that of tear samples obtained in August from six patients with AIDS or related conditions, three revealed signs of the virus believed to cause AIDS, and three did not.

The Canadian Association of Optometrists endorses use of a solution of three per cent hydrogen peroxide to disinfect instruments that come into direct contact with external surfaces of the eye.

Contact lenses used in trial fittings should be disinfected with hydrogen peroxide and heat.

Health-care professionals are reminded to wash their hands immediately after an eye examination and to use disposable gloves if there are cuts, scratches, or lesions on the hands.

Dr. John Jantzi, spokesman for the B.C. Association of Optometrists, said optometrists

regularly use these methods, particularly because other viruses are transmitted through tears, including herpes simplex.

"So, this is nothing new. We aren't doing something new that we haven't always done."

But he said the use of gloves was "going too far."

Jantzi said the strength of the hydrogen peroxide solution suggested by the Canadian association, and used by optometrists, was 10 times stronger than necessary, and that optometrists normally soak lenses and instruments in the solution for 10 to 20 minutes.

"The point is, the public need not worry."

Jantzi urged that the precautions be taken by all organizations involved in optometry, including outlets selling contact lenses.

He said he knew of no optometrists refusing to accept AIDS patients.

AIDS Vancouver spokesman Bob Tivey said he did not know of any AIDS patients who had been turned away by eye doctors and said he believed optometrists were simply setting the record straight as to the precautions they were taking.

"There are certain precautions that should be taken by everyone (in the health-care field) in any case," he said.

Dr. Hugh Archer, an Vancouver optometrist, said it is standard practice to sterilize contact lenses and equipment with heat and hydrogen peroxide.

Vancouver Prostitutes Clinic

Vancouver THE WEEKEND SUN in English 28 Sep 85 p 38

[Article by Anne Mullens]

[Text]

"Educating prostitutes' customers and other sexually-active people about the need to use condoms is a greater priority than having a separate site where Vancouver prostitutes can be tested for exposure to the AIDS virus," the co-founder of the Alliance for the Safety of Prostitutes said Friday.

Marie Arrington, commenting on the announcement earlier this week that the city will establish a separate AIDS testing site for prostitutes, said hookers, "like most people," are fearful about getting AIDS, but they are also well informed.

Many are now insisting that their customers use condoms to prevent the transmission of venereal diseases as well as AIDS. But that insistence is one of the main reasons prostitutes are beaten and abused by their clients, Arrington said.

"Some men get enraged. The responsibility shouldn't fall to the prostitutes. All people that are sexually active have to be responsible, agreeing to use condoms. They should be protecting themselves and the women in their lives. You can't just target one group."

Some concerns

"Instead of targeting us, the city should target the bisexual tricks who are going to pass the disease on to us — it's them that'll pass it on to their wives or girlfriends or the little boys they buy, too."

Arrington said some prostitutes will probably go on their own initiative to be tested for AIDS antibodies at the new clinic, which the city intends to set up on Drake Street separate from the new provincial AIDS testing site that opens Oct. 7.

But like the gay community, many Vancouver prostitutes have serious concerns about the level of confidentiality in the testing procedure.

"They tell us it will be confidential, like the VD testing. But the confidentiality for VD isn't so great," Arrington said.

"When someone tests positive for VD, the public health nurses go out on the street looking for them. They ask everybody 'have you seen so-and-so?' Everyone knows . . . they're looking for them for a reason and it isn't because they want to play tiddly-winks."

That method of tracking down the prostitutes would be worse with AIDS testing, Arrington said, because the stigma around the incurable disease far exceeds the stigma of VD.

The alliance is not recommending prostitutes take the test or shun it.

"We are simply saying to them that if they take the test they should be fully aware of what they are doing, how their confidentiality may be breached and to weigh the benefits and the risks themselves before they go."

At risk

A preliminary study conducted by the city on a small group of Vancouver prostitutes earlier in the year found that none so far tested positive for antibodies to the AIDS virus HTLV-III.

Arrington said young male prostitutes in Vancouver are most at risk for AIDS because they are more often recipients of anal sex — known to be the most common way to transmit AIDS.

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DRAMA OF RANCID TUNA AFFAIR CONTINUES TO UNFOLD

Fisheries Minister Fraser's Resignation

Toronto THE TORONTO STAR in English 24 Sep 85 pp A1, A5

[Article by Bob Hepburn]

[Text] OTTAWA — Fisheries Minister John Fraser, steadfastly refusing to accept any blame in the rancid tuna affair, has resigned his cabinet post after a private meeting with Prime Minister Brian Mulroney.

Fraser quit suddenly yesterday, just moments before opposition MPs started to hammer Mulroney over revelations that one of his top aides knew about the rancid tuna last July and refused to act on it or tell the Prime Minister.

Ian Anderson, deputy principal secretary to Mulroney, said he was told by Fraser's officials in July that reporters were working on the tuna story.

But Anderson said he decided not to tell Mulroney because he was satisfied with Fraser's position and because the item was not aired on television at the time.

Despite Fraser's resignation, Liberal and New Democrat politicians demanded a full inquiry into Fraser's decision to overrule his inspectors, who had rejected the tuna as rancid.

"There are a lot of gray areas and questions that a simple resignation doesn't answer," said Liberal fisheries critic George Henderson. He accused Mulroney of making Fraser a scapegoat for his own negligence.

"That's why we need a full parliamentary inquiry."

New Democrat MP Jim Fulton charged that Mulroney is ultimately to blame because his staff never informed him of the pending scandal, despite being warned in July and again in August.

"I think the wrong man is being asked to walk the plank," Fulton told Mulroney.

Fraser announced his resignation in a news release issued by Mulroney's office just before 2 p.m. He sat silently as a grim-faced Mulroney told the House of Commons that the 53-year-old minister did the "honorable" thing.

Fraser resigned amid growing charges that he bowed to political pressure last April from New Brunswick Premier Richard Hatfield by allowing almost 1 million tins of tuna to be sold, even though fisheries officials had declared it unfit for human consumption.

Met privately

Last Friday, Mulroney said it was "pretty damned obvious" that the tuna should never have been allowed on store shelves, adding that he personally ordered its removal last Thursday once he learned of the case.

Fraser, though, has said he and Health Minister Jake Epp made the decision.

Fraser is the second minister to resign in disgrace from Mulroney's cabinet this year. Defence Minister Robert Coates quit last February after reports that he visited a strip club in West Germany.

On Sunday, Mulroney and Fraser met privately for more than an hour at Mulroney's official residence to review the entire tuna affair, including the embarrassing public dispute between the pair over which of them ordered the unfit tuna removed from store shelves.

Mulroney made it clear he no longer supported the fisheries minister and that virtually all 210 Progressive Conservative MPs felt he had to resign for his handling of the tuna affair.

In the formal resignation letter, Fraser said he was quitting because the controversy over the tuna issue probably would remain "for some time" and was obscuring the government's "central objectives."

But he stubbornly refused to admit that he had done anything wrong in overruling his own inspectors.

Acted honorably

Indeed, he insisted that he acted throughout the tuna case "in the best interest of the country and of the government."

In his reply, Mulroney told the minister, who represents the British Columbia riding of Vancouver

South, that he accepted the resignation "with considerable regret." The Prime Minister praised Fraser as a "valued minister and counsellor."

In an unusual move, Fraser refused to comment in the Commons on his resignation.

However, Conservative MPs gave him a standing ovation when the first question about his resignation was asked. Dozens of MPs and several cabinet ministers walked over to shake his hand.

Fraser stormed his way through waiting reporters, saying only: "I will continue to serve my constituents in the way I've always tried to."

He was elected to the Commons in 1972 and made an ill-fated bid for the Tory leadership in 1976.

Mulroney defended his own role in the tuna affair, saying he was not told about it until last Tuesday, when it was aired on CBC-TV.

The next day, Mulroney said, he ordered Deputy Prime Minister Erik Nielsen to meet with Fraser to discuss the entire issue, "to make sure the matter was properly and effectively handled."

Mulroney admitted that a senior aide was told about the case in July, but insisted that he himself was not informed then.

Ministerial wrangle

Last Friday, Mulroney and Fraser were wrangling over who ordered the tuna off the shelves, with each telling reporters he had made the final decision.

Fraser said he never discussed the issue with Mulroney. But Mulroney said during a news con-

ference he indeed had talked with him about it, with the result that the tuna was ordered off store shelves.

NDP leader Ed Broadbent told reporters yesterday that Canada is "in bad shape as a nation if the Prime Minister is telling us very serious information will be investigated only if there is a possibility of it becoming a public scandal via television."

"There is something very seriously wrong in the Prime Minister's Office if he didn't know anything about it."

Hatfield, who called Fraser in April pleading that the tuna was safe and 400 jobs at the Star-Kist plant in New Brunswick could be jeopardized if it was recalled, told reporters in Fredericton that he

was "saddened" by the resignation.

"To my knowledge, he has not resigned because of me," he said.

In his resignation letter, Fraser told Mulroney "the treatment of this issue has been such that, in my view, the central objectives of your government are being obscured."

"As you are aware, I have at all times, and throughout this particular issue, acted in a manner which I have perceived to be in the best interest of the country and of the government."

"Unfortunately, discussion of this issue is not cast in this light and it is likely to continue in a similar vein for some time."

"I believe . . . it would be in the best interest of your ministry that I should ask you to relieve me of

my responsibilities as Minister of Fisheries and Oceans. I would, therefore request that you accept my resignation effectively immediately."

The frontrunner to replace Fraser is Frank Oberle (Prince George-Peace River).

Freeman Libby, one of two fisheries department inspectors who originally rejected the Star-Kist tuna, reacted to Fraser's resignation by saying: "We'll just keep on doing our job."

Asked whether he felt vindicated by Fraser's resignation, Libby said: "No comment."

The production manager of Star-Kist Canada Inc. in St. Andrews, N.B., said he doubted that Fraser's resignation or the tainted tuna episode would affect the plant's future.

6,000 Cans in Stores

Ottawa THE CITIZEN in English 24 Sep 85 pp A1, A18

[Article by Stephen Bindman and Greg Weston]

[Text]

The federal health department has confirmed about 6,000 cans of tuna rejected for sale by a New Brunswick laboratory were shipped to stores in Toronto and Montreal.

Last week, former Fisheries Minister John Fraser, who resigned his cabinet post Monday, told reporters none of the lots of tuna rejected by the Research and Productivity Council (RPC) "ever got into the market."

Health department spokesman Jean Sattar told *The Citizen* Monday 126 cases of the fish rejected by the RPC were in fact shipped from Star-Kist Canada Inc.'s New Brunswick plant on May 6.

About 5,000 tins were shipped to a wholesaler or stores in Toronto, while another 144 tins

went to Montreal, Sattar said.

Health department officials confirmed the shipments Monday following "an in-depth analysis" of records at the St. Andrew's plant.

Due to confusion at the health department, officials originally believed 33,000 of the rejected cans of tuna had been distributed.

Sattar could not explain the discrepancy.

Meanwhile, federal health inspectors have been ordered to test all Canadian canned tuna.

Health Minister Jake Epp said in an interview Monday that his department's inspectors have already started checking all of the tinned tuna produced by the New Brunswick plant.

In the midst of the tuna fiasco, the government moved to ban the sale of 102 lots of the fish — about a million cans.

But health department official Sattar said it is possible other lots not recalled might also

contain tainted fish.

"The product was probably decomposing before it got to the plant," Sattar said, adding that some of it might have ended up in other lots still in Star-Kist warehouses across the country.

"We are systematically going through all the products of that company," she said.

Health officials said the best advice to consumers is simply to check any canned tuna before they eat it.

"It's going to be noticeably unpleasant (looking and smelling) long before it gets to the stage where it would make a person sick," said one official.

In addition to the Star-Kist brand name, the New Brunswick plant cans tuna under the labels: Bye the Sea; Captain's Pantry; Ocean Maid; Paramount; Glencourt; Gold Seal; and Harmony.

Sattar said the firm also produces no-name tuna identified on the label as a product of Canada.

In addition to its own testing program, the federal health ministry is also gearing up to investigate an anticipated flood of consumer complaints.

"We had no complaints before all this became public, but there could be quite a number now that people are aware of what's going on," Sattar said.

Epp promised that the discovery of any tainted Star-Kist products beyond those already recalled would immediately be made public.

It was at the request of Premier Richard Hatfield that the Research and Productivity Council, a New Brunswick Crown corporation, tested 57 lots of tuna earlier declared unfit for human consumption by two levels of federal fisheries inspectors.

It approved 51 lots for sale, but said six — including the 6,000 cans later shipped to Montreal and Toronto — "failed to pass our grading procedures."

The council said none of the tested fish was unsafe or unfit for human consumption and based its rejection of some fish on "workmanship, odor, flavor, color and texture."

Rejection for Famine Relief

Toronto THE GLOBE AND MAIL in English 24 Sep 85 p A5

[Text]

OTTAWA (CP) — African famine relief co-ordinator David MacDonald says he made an "in-principle decision" in February that if Star-Kist tuna wasn't good enough for Canadian consumption, it wasn't good enough to be donated to starving Ethiopians.

At a news conference yesterday about his latest mission to Africa, Mr. MacDonald told reporters why he turned down Star-Kist's offer of free cans of tuna.

Fisheries inspectors had ruled the tuna unfit for human consumption in Canada, although federal Fisheries Minister John Fraser later overruled them. Mr. Fraser resigned yesterday.

"Our own involvement in it was very minimal and much earlier," Mr. MacDonald said.

"It came back in February when we

were offered by the Star-Kist people some tuna for the famine relief program and on checking it out we realized that it was not acceptable as a food item. The condition of it was not acceptable and we turned it down."

Mr. MacDonald said the New Brunswick company did not hide the fact that it would be unable to market the tuna — found to be rancid and decomposing — in Canada.

"I think they said to us that it did not meet their own or whatever domestic standards there were, but that they thought it might be acceptable or useful for an aid program," he said.

"We made the decision that it was not acceptable and turned it down. ... I simply said that since it wasn't fit for Canadian consumption we would not be able to accept it as an aid project."

Prime Minister's Denial

Toronto THE TORONTO STAR in English 26 Sep 85 pp A1, A9

[Article by Bob Hepburn]

[Text] Ottawa—Prime Minister Brian Mulroney has emphatically denied he knew about the rancid tuna affair before last week despite fresh assertions by a Progressive Conservative MP that the controversy was raised in caucus months before it became public.

And Mulroney insists it is unfair to portray him as Canada's version of Richard Nixon because, unlike the former U.S. president in the Watergate affair, he is telling the complete truth.

"I told the truth," Mulroney said in the House of Commons yesterday as he stuck with his claim that he first heard about the tainted tuna Sept. 17 when it was aired by CBC-TV.

Opposition MPs stepped up their attack on Mulroney after Fred McCain, a veteran Tory MP, told Canadian Press in a taped telephone interview that he raised the tuna issue at a federal caucus meeting, with the Prime Minister present, sometime since last September, and long before the affair was made public last week.

However, McCain retracted his comments later after a hurried telephone call with Patrick MacAdam, a top Mulroney aide responsible for caucus liaison.

Mulroney, who told the Commons only 24 hours earlier that any MP who suggests he knew of the affair before last week "can bloody well put his seat on the line," denied McCain's original statements.

"No member raised that issue in our caucus in my presence...and I'm informed in the presence of anybody else," Mulroney defiantly said.

Caucus meetings by all three political parties are secret, with severe internal punishment for any MP who leaks inside information. Both attendance records and minutes are kept by the Conservatives. However, neither are released to reporters.

McCain's original comments are potentially devastating for Mulroney because, if true, they would show the Prime Minister deliberately misled the Commons when he said he didn't know anything about the tuna affair until last week.

Under parliamentary tradition, Mulroney would then be obliged to resign his seat.

Liberal and New Democratic MPs suggested in the Commons that McCain and former fisheries minister John Fraser had been forced by Mulroney and his aides to change their versions of when the Prime Minister was told of the tuna affair.

Liberal leader John Turner said there is "a possibility of a cover-up" by Mulroney in the scandal. He added that the issue affects the "integrity of the highest office in the land."

NDP fisheries critic Ray Skelly asked Mulroney if he knows "the price of defending a lie."

Angry reply

Furious, Mulroney accused the NDP of "character assassination."

And he told Turner that any MP — even Tories — risk losing their seats if they can't prove any allegation they make that he knew about the affair before last week.

Fraser resigned Monday after telling reporters that he, not Mulroney, had ordered the tainted tuna off the shelves. Only two hours earlier, the Prime Minister told reporters that he had made the decision.

Fraser, not in the Commons yesterday, insists he did nothing wrong when he approved for sale in April 1 million tins of tuna, which had been declared unfit for human consumption by his fisheries inspectors. The tuna was packaged by a Star-Kist plant in New Brunswick.

Monday, it was revealed that two senior Mulroney aides — deputy principal secretary Ian Anderson and MacAdam — knew of the tuna case in July.

McCain, 68, represents the New Brunswick riding of Carleton-Charlotte, site of the Star-Kist tuna plant.

A member of the wealthy McCain foods conglomerate, Fred McCain was first elected to Parliament in 1972. He has maintained a low profile in Ottawa, working primarily on riding issues.

However, McCain has been ill for months and hasn't attended a caucus meeting since June.

When he retracted his original story, McCain told Canadian

Press: "Let me make this damn clear, at no time has the Prime Minister called me nor has he exerted any pressure nor has any of his staff exerted any pressure on what I should say to you."

In his original interview, McCain said: "Let there be no misunderstanding . . . I don't remember asking the Prime Minister to do anything for me in this regard, but I did bring it up, I'm sure, in caucus during discussions since September of last year.

"What did the Prime Minister say (Tuesday)? I don't want to contradict him. Am I contradicting him?" he asked the reporter.

Confirms comment

When asked to clarify if he raised the issue in caucus, McCain replied, "Absolutely."

In the Commons, New Democrat MP Howard McCurry asked Mulroney if he had ever heard of Richard Nixon, the U.S. president who resigned in disgrace in 1974 over the Watergate break-in scandal.

Obviously stung by the comparison, Mulroney jumped out of his seat.

"I remember Mr. Richard Nixon, who was an unindicted co-conspirator in a matter in the United States, a very tragic figure in American history," he said.

"His problem was that he failed to respond fully and completely to legitimate questions, unlike me who has responded completely before the House."

Outside the Commons, Turner said Mulroney's handling of the tuna affair "goes right to the confidence and integrity of the government."

The Liberal leader demanded that Anderson and MacAdam be fired for "incompetence" if they knew about the tuna case, but didn't inform Mulroney.

Skelly told reporters that he believes McCain is telling the truth because otherwise Mulroney has not forced him to resign as he threatened to do to any MP who made false accusations against him.

Decrease in Sales

Toronto THE GLOBE AND MAIL in English 1 Oct 85 p A5

[Article by Paul Taylor]

[Text]

About 400 employees of Star-Kist's tuna-canning plant in St. Andrews, N.B., have been warned that they could be laid off or their working hours could be cut, now that the company is being swamped with returned cans of its own tainted fish.

A notice posted in the plant by the manager, Albert Cropley, suggests that steps may have to be taken "if there is a significant imbalance between projected sales and inventory."

Company officials yesterday denied reports that they have decided to close the plant.

"That's just speculation," said Ian Glen, marketing manager for Star-Kist Canada Inc. "No decision has been made yet."

Supermarkets and grocery stores began returning the company's brands — including Bye-The-Sea and Star-Kist — to the St. Andrews plant after it was disclosed that federal fisheries inspectors had deemed the contents of a million cans unfit for human consumption.

Some stores, such as Food City supermarkets in Ontario, have not restocked their shelves with new tins of Star-Kist.

Doreen Wood, a spokesman for Miracle Food Mart stores in Ontario said there has been "a negative consumer reaction to tuna," since the story broke.

Star-Kist is not the only company that has suffered from all the bad publicity.

Ocean Fisheries Ltd., the country's second largest salmon producer, also distributes tuna packed in Japan and the South Pacific under the name of Ocean's, and it has felt the effect of consumer distrust of tuna.

"People were confusing our product with Ocean Maid (a Star-Kist brand)," David Johnston, director of marketing for Vancouver-based Ocean Fisheries, said, "so we took out ads across Canada to clear up the difference."

"Our sales have definitely been affected in Ontario," Mr. Johnston said. "We had a 1,700-carton shipment put on hold. That's a significant drop for us."

"This whole thing will cost us close to \$100,000 between the advertisements and increased financing on inventory."

Sales of all brands of tuna may tumble by as much as 30 to 40 per cent this month, he said.

Mr. Johnston said he holds nothing against the federal fisheries inspectors who found the Star-Kist brands unfit for human consumption.

"The problems began when the politicians started interfering," he said.

John Fraser, who resigned last week as minister of Fisheries, overruled his own department's inspectors and approved the sale of tainted tuna.

Mr. Johnston said he is worried that Canada's international reputation could be seriously damaged by the scandal, and all Canadian fish exports may suffer.

"We export about 80 per cent of our salmon," said Mr. Johnston, whose company recently invested \$10-million in a canning plant on the West Coast. "We wouldn't want to lose this business — it's worth \$30-million a year."

He noted that several fish-canning operations have gone broke in British Columbia because they "were inefficient." About 3,000 people were thrown out work in the B.C. industry during the past five years.

"On the West Coast," he said, "we didn't ask the Government to subsidize the industry every time there was a problem."

He said B.C. salmon comes under "equally rigorous" federal inspec-

tion standards as those for tuna.

Star-Kist's St. Andrews plant is the biggest employer in the small maritime community where the unemployment rate is already 30 per cent.

It is also the only plant in Canada that still cans tuna, most of which is imported from developing countries where workers are paid as little as \$5 (U.S.) a day.

The plant processes a lot of skipjack tuna — a relatively small and fatty member of the tuna family that is more prone than other fish to turning rancid because of its small size, John Emberley, director of inspection for the federal Department of Fisheries and Oceans, said.

"It's got a larger amount of surface area in relation to its total size," he explained. "This increases the chances of oxidation — or what is more commonly known as turning rancid — during cold storage and thawing."

British Columbia has a salmon canning industry partly because certain species spawn there. Tuna, by contrast, can be caught in oceans around the world.

Former Company Technician's Charges

Vancouver THE SUN in English 7 Oct 85 p A7

[Text]

TORONTO (CP) — A former lab technician at the Star-Kist tuna canning plant in St. Andrews, N.B., says he quit his job rather than continue to process rancid fish that could make people sick.

Michael Dugas, a senior inspector at the plant from 1982 to 1984, told the Toronto Globe and Mail in an interview that "working there was like banging my head against a brick wall."

"We'd set aside the bad stuff and the management would order us to just push it through," Dugas said.

Former fisheries minister John Fraser was forced to resign his post last month after media stories told how he had overruled government inspectors and ordered one million cans of rancid tuna to be released from the plant for sale.

Officials at Star-Kist Canada Inc. could not be reached for comment on Dugas' allegations, but they have repeatedly insisted in recent weeks that the quality of its tuna is equal to, or exceeds, international standards.

Dugas told a different story. In his role as quality-control inspector, he had to supervise plant operations — from unloading at dock to shipping the finished product — and reject unacceptable product.

"I would reject fish whenever I saw any form of decay," Dugas said. "Sometimes it was very green in color, decaying very badly, and smelt like diapers.

"And they (plant management) would still say there was nothing wrong with the stuff."

The fish, both good and bad, was cooked at high temperatures during the canning process to destroy deadly bacteria. As a result, the rancid tuna

was not poisonous.

"It's not going to kill you, but it could make you ill enough," Dugas said. "It can cause nausea, vomiting, diarrhea and stomach cramps."

Although some fish was bad when it arrived at the plant, some went bad while there — either from being stored too long in a freezer or from being left thawed on the floor for a week or more before being cooked.

Dugas said the company seemed determined to maximize profits by canning as much of the bad fish as possible instead of turning it into pet food or fertilizer.

"The plant management would ride my people pretty hard. Some of them would be in tears," he said of the day-to-day battles over bad tuna.

He said a series of incidents eventually convinced him he could no longer work for the company.

In one case, a rail car carrying canned tuna was destroyed by fire near Montreal. Some of the cans were "just wiped clean and relabelled" while the visibly damaged ones "were opened and re-canned."

Dugas said he believes the fire might have made the tuna unsafe to eat, since the heat may have broken seals.

Several months later, some equipment that helps the sterilization of the cans broke down and technicians doubted whether the cans had been properly sterilized.

"We red-flagged it, but they still shipped it out of the plant within two weeks," he said.

"That was when I finally decided to start to look for new work."

Dugas, who now works as an architectural draftsman in Ottawa, said he is surprised more employees have not spoken out about conditions in the plant.

More on Technician's Remarks

Toronto THE GLOBE AND MAIL in English 16 Oct 85 pp A1, A2

[Article by Paul Taylor]

[Text] Star-Kist Canada Inc. "tampered" with cans of tuna after they were set aside for testing by federal fisheries inspectors, says Michael Dugas, a former laboratory technician at the company canning plant in St. Andrews, N.B.

And the company failed to conduct its own tests for high levels of mercury in fish, he said.

Yet federal fisheries inspectors were apparently unaware these abuses were taking place, according to Mr. Dugas, senior lab technician at the plant between January, 1982, and July, 1984.

"They (the federal inspectors) had no reason to suspect we were not doing things by the book," he said in an interview with The Globe and Mail.

Mr. Dugas, a graduate of a community college food processing course, is the first lab technician to comment publicly on what was happening inside the plant that was the source of almost one million cans of rancid tuna.

Last week, acting Fisheries Minister Erik Nielsen called for an investigation into federal inspection standards after Mr. Dugas disclosed that bad fish was routinely processed at the Star-Kist plant.

According to Mr. Dugas, federal inspection standards must be revamped to protect the public against further batches of rancid fish being dumped on the market.

The inspection system, he said, is based on a degree of "trust" between the inspectors and the companies.

Star-Kist management, he said, occasionally ordered workers to swap cans of bad tuna for good ones to get a suspected batch of poor-quality fish past federal inspectors.

"The inspectors would carry out tests on a few sample cans at the plant," he explained. "If they found that something was wrong with the fish, they would put a red sticker on the entire batch sitting in the warehouse."

The inspectors would often come back to collect more samples before deciding whether to reject the tuna. But on two occasions the company exchanged good tins for bad ones, Mr. Dugas said. So, in the final test, the batch would appear fit for human consumption.

He speculated that this "tampering" might help to account for some of the conflicting test results from the batches of Star-Kist tuna that led to the controversy.

The Research and Productivity Council, a New Brunswick Crown corporation, tested some of the rejected tuna and found most of it fit to eat. Yet federal fisheries inspectors had earlier concluded that apparently the same fish was rancid and decomposing.

Former fisheries minister John Fraser partly relied on the RPC's "positive" test results when he overruled his department's inspectors and approved the sale of one million tons of suspect tuna on April 29.

Officials of Star-Kist, a subsidiary of H.J. Heinz Co. of Pittsburgh, could not be reached for comment on Mr. Dugas's latest allegations.

Mr. Dugas said he refused to take part in the switching of cans during the 2 1/2 years he worked at Star-Kist.

"There's no way I was going to be part of that kind of foolishness, when I already had doubts about whether the stuff should go on the market."

Mr. Dugas has said he quit in disgust after the plant management repeatedly ordered the processing of fish he had rejected.

Another problem at the plant was that most lab technicians were not fully qualified to do their jobs, according to Mr. Dugas.

The company stopped conducting tests for mercury levels in the tuna in mid-1982, partly because of equipment problems and partly because most of the lab technicians did not know how to do them.

"I was one [of] the very few people familiar with the procedures for mercury testing because I had the proper training," he said. The tests were not resumed during the time Mr. Dugas worked there.

Even so, all tuna weighing over 60 pounds is supposed to be tested for mercury, under the federal fishery inspection guidelines. "The inspectors had no idea we weren't completing the mercury test," Mr. Dugas said. "I guess I was the last one doing them at the plant."

Health, Fisheries Department Officials

Ottawa THE WEEKEND CITIZEN in English 12 Oct 85 p A14

(Text)

None of a million cans of rancid Star-Kist tuna recalled last month by the federal government will be allowed back to supermarket shelves for human consumption, officials of the federal Health and Fisheries departments said Friday.

The officials discounted a television report which raised the possibility that the tainted tuna — recalled after former fisheries minister John Fraser overruled this own department to allow its

sale last spring — could return to the marketplace.

They said the rejected tuna is being held "in detention" under federal supervision at a Star-Kist warehouse in St. Andrews, N.B., or is on its way back to the warehouse.

Because some stores across the country returned good Star-Kist tuna along with the rancid batches, the company is separating bad cans from good ones. The

company may sell the bad tuna as pet food or fertilizer, but will not be allowed to distribute it again as human food, the officials said.

"That is the bottom line, that none of the recalled lots will be released for sale for human consumption," said Pritt Pirso, the Health Department's chief of compliance and operations.

Pirso and John Emberley, director of the Fisheries Department's inspection branch, suggested that confusion arose about the future of the unfit tuna because good tuna had been returned to Star-Kist by some stores along with the bad.

"What was remaining in the marketplace is being returned to the plant and is segregated at the plant under detention," Emberley said.

He also denied a report by CTV that Star-Kist has defied 29 federal orders over the past two years to dispose of rancid tuna.

Emberley said in an interview that during the last two years, federal inspectors who had rejected batches of the Star-Kist fish laid a total of about 40 charges — called "informations" in legal jargon — against the company as part of the federal process of keeping the tuna off the market for human consumption.

The charges were laid as a legal necessity, so the government could continue its actions if Star-Kist had not complied within the 60-day time limit that the law allows for disposal of rejected fish. In many of the cases, Star-Kist was converting the tuna into pet food and it was taking longer than 60 days to dispose of the tuna.

The only cases where the company did not comply with the disposal orders involved the million cans which Fraser allowed onto the market, Emberley said. In that instance, 29 charges that had been laid against Star-Kist were dropped because of Fraser's decision.

/8309
CSO: S420/35

\$25 MILLION PLEDGED TO HELP IMMUNIZE COMMONWEALTH CHILDREN

Toronto THE TORONTO STAR in English 16 Oct 85 p A4

[Text]

NASSAU, Bahamas (Staff) — Canada has pledged \$25 million over the next five years to assist developing Commonwealth countries achieve total immunization of their children by the end of the decade.

"The world can and must bring about universal immunization, which is one of the fastest and most effective ways of saving the lives of children," Prime Minister Brian Mulroney said yesterday in announcing the new Commonwealth aid program.

"We can prevent the deaths of 5 million children a year and the permanent disabling of another 5 million from diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis," he said.

Speaking at a breakfast meeting of the Commonwealth Press Union, Mulroney noted that his announcement coincides with the 10th anniversary of the last recorded death from smallpox.

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CSO: 5420/36

DIARRHEA OUTBREAK AT ONTARIO NURSING HOMES DUE TO E COLI

London, Lambeth Homes

Toronto THE GLOBE AND MAIL in English 3 Oct 85 p A24

[Article by David Helwig]

[Text]

LONDON, Ont.

The micro-organism believed to have caused the death of 16 residents of the London Extendicare nursing home has been found in stool samples taken from a woman resident at another Extendicare home in nearby Lambeth.

However, Dr. David Korn, the province's chief medical officer of health, said the case is considered to be a separate, sporadic occurrence and he declared the diarrhea outbreak at the London home to be officially over.

"The outbreak . . . ceases to present a significant risk to the health of persons in the area where the premises are located. The facility may begin to resume normal operation under the direction of the local medical officer of health," Dr. Korn said.

No new cases of the disease have appeared during the past eight days at the London home, where 16 residents have died since the outbreak began on Sept. 8.

But three residents remain in very poor condition in hospital, he said.

The outbreak was caused by a rare strain of E coli bacteria.

Public health investigators have discovered that the woman in Lambeth was hoarding sandwiches and other food in her room. "We are most suspicious that this was the source of her particular E coli infection, but we . . . are looking into other possibilities as well," Dr. Korn said.

Eleven other residents in that home have diarrhea, but their stool samples have shown no signs of the bacterium.

A team of federal and provincial health investigators believes that the Extendicare residents were infected when they ate meat sandwiches on Sept. 5.

The bacteria may have been transmitted to the sandwich meat from another raw meat product, or by an infected staff member who may have handled the sandwiches, the investigators have hypothesized.

Regional Coroner Douglas McKinlay, who has called an inquest into the Extendicare deaths, said yesterday that the inquest is probably two or three months away.

Dr. Korn said he will submit a report on the outbreak to Ontario Health Minister Murray Elston by the end of next week. It will be up to Mr. Elston to determine whether the report will be made public, he said.

Meanwhile, a local microbiologist revealed yesterday that two separate cases of the disease occurred this summer in London.

Dr. Chander Krishnan of London's University Hospital said that E coli O157:H7 — the bacterial strain involved in the Extendicare outbreak — was found in stool samples taken from a man and woman in July and August.

The two patients, a 69-year-old man and a 61-year-old woman, were from different parts of the city, Dr. Krishnan said.

The woman had bloody diarrhea similar to that suffered by residents of the Extendicare home.

19 Deaths

Vancouver THE SUN in English 10 Oct 85 p All

[Text]

LONDON, Ont. (CP) — The diarrhea outbreak at the Extendicare nursing home has claimed its 18th victim, bringing to 19 the number of deaths in the London area associated with the potent strain of E. coli bacteria.

Dr. Douglas Pudden, medical officer of health, said a 78-year-old woman died in hospital Wednesday after suffering a relapse. It was thought she was on her way to recovery since her condition had earlier been upgraded to fair from poor.

Pudden said the woman died from more than one complication, but "E. coli has to be considered a contributing factor" regardless of the actual cause of death.

Six Extendicare residents remain in hospital — one man in poor condition — but Pudden said at least two will be released soon. Another eight residents remain in isolation at the home.

Pudden said the residents stay in isolation until they are free of the symptoms for seven days and test results show the bacteria has disappeared.

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CSO: 5420/36

TASK FORCE CRITICIZES MANY ONTARIO NURSING HOMES

Windsor THE WINDSOR STAR in English 10 Oct 85 p A7

[Text]

TORONTO (CP) — Many government-subsidized nursing homes in Ontario are like "military barracks" where overworked staff put elderly residents through their regimented paces, says a report by the Christian Labor Association of Canada.

"It is absolutely a rat race," says Edward Vanderkloet, executive secretary of the union which represents about 2,000 employees in 42 nursing and rest homes in the province.

"These people are frequently woken up at six o'clock and sometimes at five and in one case four a.m.," he told a sparsely attended news conference Wednesday. "The residents are gotten up to prepare to go to the breakfast table."

THESE institutions are not really nursing homes, they're nursing barracks. Residents are getting 45 minutes to swallow their meals and when the 45 minutes are up, that's the end of it, they are marched out of the dining room and the lounges."

Vanderkloet and three other members of the union's task force said they prepared the 30-page report after meeting with union stewards and members working in nursing homes in Sarnia, Owen Sound, Brantford, Toronto and St. Catharines.

Included in the litany of complaints from staff about giving care by the clock was the limited time allowed for hygiene. In most homes, the task force was told, residents are sponge-bathed daily but receive a tub bath or shower only once a week.

Blame for poor conditions in many nursing homes rests squarely with Ontario's health ministry, says the task force, because inadequate funding means owners must limit the number of staff and subsequently residents' care.

UNDER HEALTH ministry regulations, the province's 350 privately owned nursing homes, with about 29,000 beds, receive \$25.67 per resident each day — less than a quarter of the \$120 a day spent to keep a prisoner behind bars, said Vanderkloet. Residents pay about \$20 a day.

But about 14,000 beds in homes operated by municipalities are under the auspices of the Ministry of Community and Social Services and receive a daily government subsidy of about \$50 per resident.

Vanderkloet said the task force wants the government to implement a three-tier funding system for all nursing homes under one ministry, with the subsidy for heavy-care residents increased to \$50 a day and medium-care residents to \$30 a day. But nursing home owners would receive only \$15 a day for those requiring little care under the union's scheme.

The report also calls on the government to double the number of staff in nursing homes in order to increase the minimum amount of care to three hours from 1½ hours a day for chronic-care residents. Occupants requiring lighter nursing attention would remain at 1½ hours of direct care a day.

HARVEY NIGHTINGALE, executive director of the Ontario Nursing Home Association, said in an interview that although he agrees with the report's "philosophical thrust," its funding appraisals are far too low.

Nightingale also echoed the union's criticism of the government's inspection system, which he said concentrates on physical conditions in nursing homes rather than speaking directly to residents to hear their concerns.

While admitting that residents are awakened early because the majority

are extended-care and "take a long time to get ready," Nightingale would not comment on task force charges that some residents were given short shrift, because the union did not name particular nursing homes.

A spokesman for Health Minister Murray Elston, who has been sent a copy of the report, said the ministry will seriously consider the task force recommendations. The ministry is reviewing legislation regulating licensing and inspection of the industry.

DIARRHEA CASES REPORTED AT LONDON DAY CARE CENTER

Toronto THE GLOBE AND MAIL in English 12 Oct 85 p A3

[Text]

LONDON, Ont.

The Ontario Ministry of Community and Social Services is reviewing the licence of a London day-care centre where 20 children, seven relatives and four employees have been affected by an outbreak of diarrhea.

Local health officials say the outbreak at Wonderland Day Nursery began about 11 days ago, but they learned of it only this week after a parent complained.

The disease is under control and is not believed related to a recent outbreak of diarrhea that killed 18 residents at the London Extendicare nursing home, Dr. Douglas Pudden, a local medical officer of health, told a press conference yesterday.

The nursery was closed on Thursday after inspectors found 18 infractions and violations, including problems with food handling, leaky toilets and open windows.

Although the centre's licence was for 32 children, 40 children were found to be in regular attendance.

The four staff members on duty were unsupervised and untrained, the inspectors reported.

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CSO: 5420/36

PAPER REPORTS GOVERNMENT EFFORTS AGAINST AIDS

Test Results Kept Secret

Hong Kong SOUTH CHINA MORNING POST in English 10 Oct 85 p 1

Article by Patricia Tse: "AIDS Figures Kept Secret"]

[Text]

In the past two months the Government has spent \$4 million on AIDS blood test kits and has tested thousands of blood samples — but it is keeping the number of positive results a top secret.

None of the people tested has shown full-blown symptoms of AIDS, but an unrevealed number have developed AIDS antibodies, which means they are potential AIDS virus carriers.

Three groups are particularly at risk from the disease: homosexuals, intravenous drug users and haemophiliacs.

So far only three men are known to have died of the disease in Hongkong, but there is no way of knowing whether the small number of potential carriers discovered is just the tip of an iceberg.

For in Hongkong, an important international finance, trading and tourism centre, a free port where different nationalities meet, work and live, AIDS is not a legally notifiable disease.

And there is also the fact that one of the high-risk groups, the homosexual community, is underground in Hongkong because homosexuality remains illegal.

American medical authorities believe homosexuals are roughly 2,000 times more likely to contract AIDS than the average member of the population.

The Deputy Director of the Medical and Health Department, Dr S.H. Lee, said the expert committee in charge of co-ordinating Hongkong's resistance to AIDS had decided not to release the number of positive results because the tests had only been performed for two months and were not statistically significant.

The Government laboratories in two hospitals had performed about 500 tests on blood samples from people from

high-risk groups.

Another 60 tests were done on blood samples referred by private practitioners and private and subtended hospitals.

And the Government-funded Red Cross blood screening programme had tested over 11,000 samples from blood donors.

Dr Lee also said that disclosing the figure might lead to unnecessary panic in the community.

According to a pathologist from the University of Hongkong, it would be no surprise if Hongkong found a few hundred AIDS virus carriers among its five million population.

"In America, it is well known that the number of carriers is over 100 times the number of AIDS patients," he said.

"AIDS is such a terrifying disease that the general public has emotive and often unrealistic fears about it. People panic when you talk of AIDS and they run away when they hear someone is a suspected virus carrier. But in fact AIDS is not easy to come by," the pathologist said.

Meanwhile, patients with positive blood test results have been referred to a special, confidential clinic in one Government hospital where they are examined, monitored and counselled, said Dr Lee.

Suspected AIDS virus carriers have been advised to abstain from unsafe sexual practices, and take extra precautions with their blood and in their daily living patterns.

World medical authorities are uncertain, but many believe that carriers can pass the disease on to others through their semen or blood, while remaining symptom-free themselves.

There is also a lack of conclusive evidence on whether carriers will eventually develop AIDS after a long incubation.

Danger To Haemophiliacs

Hong Kong SOUTH CHINA MORNING POST in English 10 Oct 85 p 12

[Article: "HK Haemophiliacs Exposed To AIDS"]

[Text]

A number of Hongkong's haemophiliacs, both adults and children, are feared to have been exposed to the AIDS virus through contaminated American blood products administered to them over the past four or five years.

Hongkong continued to import blood products from abroad after the first known cases of AIDS were confirmed in the US, a Medical and Health Department spokesman confirmed.

For haemophiliacs, whose blood does not clot by itself and for whom a scratch or cut is a crisis, treatment with blood coagulant can be a matter of life and death.

Although some blood products used in Hongkong hospitals are imported from Holland, Japan, France and Britain, Factor VIII, the most common treatment for haemophiliacs, comes exclusively from the US.

There have been well publicised cases of haemophiliacs in the US contracting AIDS after receiving Factor VIII containing the HTLV III virus.

French and American experts were only able to isolate the HTLV III virus in late 1983 and early last year, and it was only in April that a simple Eliza blood test was available on a commercial basis.

Since July, Factor VIII produced in the US has been heat-treated to kill any HTLV III virus present, and the product can be further checked with the Eliza blood test.

The company which imports Factor VIII into Hongkong volunteered to exchange old stock from local hospitals for new, safer stock in July.

But the Government is keeping silent about haemophiliacs who received blood products in Government hospitals and from private doctors over the previous four to five years.

In the US, it was estimated that over 80 per cent of all haemophiliacs treated with clotting Factor VIII before July were exposed to the HTLV III virus.

Medical experts disagree on what will happen to a patient found to have antibodies to the HTLV III virus in his blood.

One Australian school of thought is that less than five per cent of patients exposed to the virus will eventually develop the full symptoms of AIDS, 20 per cent will have complications similar to a mild form of AIDS but which are curable, and the rest will be completely symptom-free.

Some medical authorities think the last group are "the silent carriers" who could theoretically pass the disease on to others, without immediately — if ever — showing symptoms themselves.

A more pessimistic view is that "the silent carriers" could pass the virus on to their sexual partners and their children, and eventually develop AIDS symptoms themselves when they get older and weaker.

One problem is that because the disease has only been identified recently, meaningful statistics are not available, and it is not possible to say what percentage of people with AIDS antibodies may eventually develop the disease.

Commercially produced Factor VIII is prepared in large batches from several thousand units of blood. Only one unit would need to be contaminated with HTLV III for the whole batch to be infected.

In the US, haemophiliacs are estimated to be 2,000 times more likely than the average person to contract AIDS.

In Hongkong, the Medical and Health Department has been quietly testing haemophiliacs' blood for HTLV VIII antibodies since August, after large quantities of Eliza test kits arrived.

The tests were performed by the regular consultants and doctors looking after haemophilic patients in all Government hospitals.

The Deputy Director of the Medical and Health Department, Dr S.H. Lee, told the SCM Post that tests began on a smaller scale in May, using free samples of the blood test kits.

He said it was routine for haemophiliacs attending Government hospitals either for a regular examination or urgent treatment to undergo a blood test.

Since August, and in some individual cases earlier, doctors had been sending blood

samples to the Government laboratory for an Eliza test.

Dr Lee refused to say what the results of these tests were, arguing that just giving a figure for the number of positive tests would create misunderstanding and unnecessary panic in the community.

He added that it had not been decided whether figures would be released later.

Asked whether the American experience of 80 per cent of haemophiliacs treated with Factor VIII having antibodies to HTLV III was applicable to Hongkong, Dr Lee replied: "Your guess is as good as mine. All we can say is that we are monitoring the situation and giving counselling where necessary."

"We do not deny there was an undoubted risk involved for patients who had received Factor VIII as treatment, but the almost certain risk of dying from haemorrhage should patients not receive the treatment outweighed the risk."

Although Dr Lee would not give figures, it is clear that some haemophiliacs were found to have AIDS antibodies in their blood.

Dr Lee said: "Where patients were found to have 'positive' results in the blood tests — which does not mean that they would necessarily develop AIDS — for safety's sake, we assume they have the risks of carrying the virus, and they are advised to take safety precautions."

Possible carriers are advised:

- To have safe sexual intercourse, using condoms and abstaining from anal sex.
- To be careful with personal hygiene, their blood and the use of razors or toothbrushes.
- To ensure they have a nutritious diet and get plenty of rest.

Dr Lee would only confirm one thing — that there is no known case in Hongkong of any haemophiliac having a positive result in the blood tests and subsequently developing the full symptoms of AIDS.

Dr Lee said positive results in the Eliza and immunofluorescence tests do not necessarily mean a patient is already a carrier of the virus, only that he has been exposed

to it.

Government doctors would explain to these patients that should their sexual partners get pregnant, there was a risk of the baby being born with the virus.

"The risk is explained to them, but having babies or not is a moral issue, and we cannot dictate to others for it infringes on their human rights," Dr Lee said.

The chairman of the Hongkong Society of Haematology, Dr S.C. Tso, said private practitioners were well aware of the risks associated with imported Factor VIII, and were happy that the risk had been removed with the development of the Eliza test and heat-treated blood products.

Dr Tso said he would explain the risks to his haemophiliac patients, but he would not include the Eliza test as part of a routine blood test. He would say it was available and let the patient decide.

There is also a legal angle: Could haemophiliac patients sue for compensation for contracting the virus through contaminated blood products?

In the US, the parents of a boy named Ryan White are suing a California pharmaceutical products company for compensation. The case has not yet come to court.

In Hongkong, legal experts disagree on the probability of a successful suit.

One said the patient could try to get compensation from the Government, but his chances would be slim.

Usually negligence must be proved in a civil case and if the Government could prove that the patient's life was in danger, that there was no reasonable alternative to imported blood products, that the risks had been explained to the patient and that the blood was administered with his consent, a successful claim was unlikely.

Another legal source said that if the US court awarded compensation in Ryan White's case, it was possible the Hongkong Government could sue the American company which imported the products for damages, and pass the money on to patients here.

Disease Not Notifiable

Hong Kong SOUTH CHINA MORNING POST in English 10 Oct 85 p 12

Article: "Cases Need Not Be Notified"

Text

Doctors need not report AIDS cases to the Government, although they are bound to notify authorities of outbreaks of minor diseases such as measles and chickenpox.

AIDS, acquired immune deficiency syndrome, is yet to be declared a notifiable disease in Hongkong, even though it has claimed three lives so far this year.

A spokesman for the Medical and Health Department confirmed yesterday that private doctors were not obliged to alert the Government to confirmed or suspected AIDS cases.

"So far it has not been considered necessary to have AIDS as a notifiable disease because there have been so few cases here," the spokesman said.

Medical sources said 23 diseases have been declared notifiable in Hongkong: cholera, plague, smallpox, yellow fever, amoebiasis, dysentery, meningitis, chicken pox, diphtheria, typhoid, food poisoning, leprosy, malaria, measles, polio, rabies, scarlet fever, relapsing fever, puerperal fever, typhus, hepatitis, whooping cough and tetanus.

In Australia — where more than 100,000 people are feared to have contracted the virus, according to estimates provided by the head of the country's official AIDS task force, Professor David Pennington — several state authorities have already made AIDS a notifiable disease.

The Queensland Government enacted a law last November to ensure that all AIDS cases are reported. And following the deaths of four babies who had been given infected blood, it prohibited AIDS sufferers from donating blood.

An official in Brisbane said drug addicts, haemophiliacs, and people who had had their ears pierced or had had acupuncture or electrotherapy treatment within six

months, were banned under the same provisions, which carry a maximum penalty of two years' jail and/or a fine of A\$10,000 (about HK\$55,000).

AIDS is spread mainly through sexual contact, the sharing of hypodermic needles and transfusions of tainted blood.

The Queensland Health Minister, Mr Brian Astin, said he believed it essential that AIDS be listed as a notifiable disease.

"You have to know exactly the number of people who have it, who they are and how they might have got it," he said. "You have no hope of being able to trace all of them unless the disease is notifiable."

Hongkong's first AIDS death was confirmed in February and was followed by two more last month.

The victims, all men, had travelled widely and the Government maintains they contracted the disease abroad.

A reported fourth case, as yet unconfirmed by the Medical and Health Department, has raised concern that the authorities are not equipped to keep tabs on the AIDS situation.

The Blue Cross (Asia Pacific) insurance company was told by doctors earlier this year that one of its policy-holders had contracted AIDS. The man, a long-time resident of Hongkong, has since sought treatment in the United States and the insurer excluded the disease from coverage in its top-line packages, an executive with the company confirmed recently.

But the Medical and Health Department has no record of the case, despite the fact that the man was treated in a Government hospital before his departure.

A spokeswoman, Mrs Julianne Ma, conceded that the man's doctors and insurer were under no obligation to inform the Government of the incident, reported ex-ecu-

sively by the SCM Post-~~last~~
month.

She also admitted other AIDS cases might have been diagnosed privately without the Government's knowledge.

It would be the responsibility of the Government's AIDS advisory committee to recommend that the disease be declared notifiable, she said.

Meanwhile, the Government is pressing ahead with a monitoring programme to determine how many people in Hongkong might have been exposed to the AIDS virus.

Tests are being conducted at selected social hygiene clinics and among drug offenders at one prison complex.

A Government spokesman said the study was designed to provide a "baseline" of information on the size of Hongkong's AIDS problem.

Prostitutes seeking treatment at venereal disease clinics are being watched particularly closely, as in other countries, including Singapore and Australia, some have been found to have been infected.

/12851
CSO: 5450/0013

HONG KONG

BRIEFS

CHOLERA CASE CONFIRMED--Hongkong's second case of cholera in less than three months was confirmed yesterday. A 44-year-old man was admitted to Queen Elizabeth Hospital on Saturday with diarrhoea and vomiting and then transferred to Princess Margaret Hospital, where he was confirmed as suffering from cholera. His condition last night was satisfactory. The case, like the one reported on July 9, has been classified as local because the patient has not travelled abroad recently. A Medical and Health Department spokesman said last night Hongkong has not been declared a cholera-infected area because there is no evidence that the patient has passed on the virus. The spokesman said no links have been established between the two cases. Health officers have given anti-cholera drugs to people who lived with the patient in Hunghom, although they have not yet been able to contact all of his co-tenants. The premises have also reportedly been disinfected by the Urban Services Department. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 23 Sep 85 p 17 /12851

CSO: 5450/0012

WHO REGIONAL COMMITTEE MEETS IN NEW DELHI

Calcutta THE STATESMAN in English 2 Oct 85 p 7

[Text] NEW DELHI, Oct. 1.—The week-long session of WHO regional committee for South-east Asia concluded today by urging member states to review and refine their national health-for-all policies and strategies on the basis of the discussion undertaken by them.

Among its many decisions, the committee noted the human, economic and social dimensions of the problem of sexually-transmitted diseases. It expressed concern at the newly-emerging disease, Acquired Immune-Deficiency Syndrome. There was a need for a close watch on the situation, it said.

Regarding malaria, it said that though the incidence of malaria was on the decline, there had been no technical breakthrough on the problems of parasite resistance.

Diarrhoeal diseases were one of the main contributors to the high rate of infant mortality in the countries of the region and efforts were being made to reduce mortality caused by diarrhoeal diseases by providing oral rehydration therapy. Prevention of morbidity from diarrhoeal diseases however, would require systematic epidemiology studies, a well-organized water supply and sanitation programme combined with proper health information and education activities.

Acute respiratory infections were a leading cause of morbidity and mortality during childhood in most of the member countries. Expensive drugs were being used for control of the disease. The need

for developing simple and appropriate technology to combat the disease was emphasized. Existing measures to reduce the incidence of the disease required to be further strengthened in the member countries of the region.

The committee noted with concern that tuberculosis continued to be responsible for a heavy load of morbidity and mortality in several countries of the region. The tuberculosis control programme was facing problems in early diagnosis, effective case holding, adequate treatment of drug resistance and availability of sufficient drugs. The multi-drug regimen had reduced to a great extent the duration of treatment and had facilitated the effective management of control programmes. The role of non Governmental organizations and voluntary agencies in assisting national efforts in achieving the goals to control the disease was appreciated.

Leprosy continued to be a significant public health problem, being endemic in several countries of the region. Multi-drug therapy had been introduced in several countries of the region and in a few, the evaluation had shown encouraging results.

The committee expressed serious concern that the increasing consumption of tobacco would lead to health problems. This was particularly so regarding ischaemic heart disease, chronic bronchitis, and oral and lung cancer. Reiterating the essential role of WHO in promoting effective policies for the control of tobacco consumption, the committee urged member States to strengthen control strategies and their implementation, laying special emphasis on motivational and educational approaches.

/12828
CSO: 5450/0036

AIDS DANGER SEEN IN BLOOD BANKS LAX RULE ENFORCEMENT

Bombay THE TIMES OF INDIA in English 2 Oct 85 p 1

[Text]

BOMBAY, October 1. LAX enforcement of rules in commercial blood banks is posing a hazard to patients. And with the emergence of AIDS, which is easily transferred through transfusions, the issue is of grave concern.

So far in India, only cases of hepatitis (jaundice), anaemia and venereal disease are known to have been transmitted through transfusions of infected blood. But doctors say the possibility of AIDS too cannot be ruled out. Recently, Britain has announced a 100 per cent screening of blood donors to prevent transmission of diseases, and, closer home, Singapore has decided to undertake a similar screening of blood donors. But Indian authorities have yet to wake up.

According to the federation of Bombay blood banks, a rigorous check of the quality of blood derived from the commercial blood banks is absolutely essential since blood taken from high-risk donors like drug addicts, haemophiliacs and homosexuals can lead to a horde of serious ailments, including the dreaded AIDS.

While the Drugs and Cosmetics Act, 1940, and the Pharmacopoeia of India, 1966, have laid down strict rules and regulations regarding the functioning of blood banks, the staff attached to the Food and Drugs Administration (FDA), Maharashtra, is inadequate to ensure that the blood banks in the state adhere to prescribed norms.

The joint commissioner of FDA,

Mr. B. G. Fadnavis, said the organisation currently employs only two inspectors and one assistant at the district level, aided by two more at the division level, who look after a whole spectrum of activities — all the drug manufacturers and dealers and the working of blood banks.

This makes it almost impossible for the FDA to keep vigil over the malpractices indulged in by commercial blood banks, especially those which bleed professional donors and profit by selling the blood to hospitals and clinics.

The act states that blood should not be obtained from a donor "if the haemoglobin content is less than 85 per cent and unless he is ascertained by a qualified physician to be medically fit, after inspection or consideration of medical history."

BLOOD REQUIREMENTS

But this clause is being flouted with impunity by most of the 17 commercial blood banks in the city. With a scarcity of blood in the city — the voluntary donors are able to meet only two-thirds of the required 1.5 lakh bottles per annum — the commercial blood banks find it lucrative to buy as much blood as they can from professional donors and sell it at a handsome profit, which is often in the range of 200 to 300 per cent.

One of the reporters, posing as a student, sold his blood recently at a commercial blood bank at Khar for Rs. 20 (for a bottle of 300 cc). The doctor at the bank neither examined him for medical fitness nor did he ask for any

medical history, ignoring the fact that had the blood been infected with any virus or bacteria it would have proved hazardous to the recipient of this blood. It appeared the bank was solely indulging in brokerage of blood as a high-profit enterprise.

While such unethical medical practices continue to persist the FDA, rendered impotent by lack of staff, stands by as a silent spectator. The task of the FDA is made more difficult due to the fact that doctors and patients who use the donated blood, and have immediate knowledge of cases of post-transfusion complications, do not bring this to the notice of the authorities concerned.

As yet only one complaint has been received by the FDA, in which a woman, who received blood from a blood bank in Malad, developed severe hepatitis after transfusion. The licence was immediately withdrawn from the bank, though the bank got it re-issued later on claims of better equipment and facilities.

A few commercial blood banks, those established more than a decade, do conduct tests prior to bleeding donors — by taking a five cc sample of blood to ascertain its purity. But most of the smaller banks, numbering over a dozen, do not follow this procedure. In fact, they do not maintain any type of record of the donors.

Medical experts feel this is just the tip of the iceberg because there exist certain strains of virus in the blood for which there are no tests for detection or, even if they do, are prohibitively expensive. In such cases, the blood

bank has to totally depend on the donor's word as regards his medical history. And the professional donors who sell blood seldom reveal the truth.

A test for positive identification of the AIDS virus (HTLV-III) does exist, though it is not enforced in India. Dr. John Lacyer, an expert on transfusions, says a satisfactory test for detecting carriers of AIDS before transfusion has been evolved, though it is very expensive and may not be practical in developing countries.

Dr. Neena Desi, who heads the blood bank at Bombay Hospital, said the existing situation warrants a total ban on professional donor system. She said the voluntary blood banks should be able to meet the shortfall in blood if good motivation programmes are organised to attract healthy voluntary donors. This view is shared by Mr. Chanda Doshi, chairman of the blood bank attached to Navnirati Hospital, who felt the government should adopt a new policy which can effectively deal with the problem.

Dr. J. G. Jolly, founder of the Indian Society of Blood Transfusion, Chandigarh, has said that blood is indiscriminately used for transfusion purposes. According to him the only way to combat AIDS is to stress more on voluntary donors since a lot of drug addicts and homosexuals, who are potential AIDS suppliers, end up as professional donors for monetary considerations.

Another doctor feels it would be advisable to insist on blood tests for tourists coming from AIDS struck countries.

/12828
CSO: 5450/0035

BRIEFS

GASTROENTERITIS IN JABALPUR--Jabalpur, Oct. 3 (UNI): Eleven children died of gastro-enteritis in Jabalpur district of Madhya Pradesh last week. According to reports received here, five children died at Kathala village and three each in Ban-Mahgawan and Pagarla villages. Official sources, however, confirmed eight deaths only. [Text] [Calcutta THE TELEGRAPH in English 4 Oct 85 p 7] /9274

CALCUTTA GASTROENTERITIS DEATHS--A child and a woman died of gastro-enteritis, and 12 other persons were attacked by the disease in the Kasba area, under Calcutta Municipal Corporation, on Friday, Dr P. K. Bhattacharjee, Deputy Chief Health Officer of the Corporation, said on Saturday. Dr S. Chowdhury, the civic body's Health Officer, said there had been an outbreak of gastro-enteritis in a bustee on Kusum Kumari Math in Kasba. Led by Dr Bhattacharjee, teams of Corporation officials visited the affected areas, and had already innoculated more than 1,000 people. All the tubewells in the areas were chlorinated and disinfectants were spread in the area. Dr Bhattacharjee said samples of drinking water from different sources in the area had been collected for examination. Local youth organizations had also been involved in the preventive operations. Dr Chowdhury said that on receipt of complaints from the tenants, a sample of drinking water from a reservoir of a house on Synagogue Street had been collected on Friday for examination. [Text] [Calcutta THE SUNDAY STATESMAN in English 6 Oct 85 p 1] /12828

ENTERITIS IN RAJKOT--October 1--Forty-eight cases of gastroenteritis were reported in the primary health centre at Maliya-Miyana today. The disease has taken a toll of seven lives in the last five days while 96 afflicted people are being treated at the civil hospital in Morvi, according to health department sources here. Of the 48 people brought to the Maliya-Miyana health centre, were admitted while 32 were treated and allowed to go. Meanwhile, the health department is yet to ascertain the cause for the spread of gastroenteritis in the taluka of Maliya-Miyana in Rajkot district which has affected more than 300 people. They suspect that the disease could have spread either from the home-made cold drink (sharbat) served during a recent festival or from potable water from the village pond. Samples of both have been sent for laboratory tests to Jamnagar and the report is awaited, the sources said. [Text] [Bombay THE TIMES OF INDIA in English 2 Oct 85 p 9] /12828

DYSENTERY IN MADHYA PRADESH--Raipur, Oct. 7: The Bastar district administration has admitted that 25 people have died of dysentery in the district. Over 500 people have been affected by the disease, the officials said. The water being consumed by tribals in the interior areas is the main source of this disease which took a toll of over 500 tribals last year in Bastar, the official said. A petition by freedom fighter and social worker B. N. Agarwal, seeking a Supreme Court directive to the state government to provide clean drinking water in Bastar, is still pending. Dysentery has claimed over 90 lives since July in different parts of the region. In most areas this disease has been caused by the scarcity of clean drinking water. Most villagers complain that tubewells sunk by the public health engineering department were not functioning due to lack of necessary maintenance and repairs. [Text] [Calcutta THE TELEGRAPH in English 8 Oct 85 p 4] /9274

CSO: 5450/0034

KUWAIT

BRIEFS

NEW CHOLERA CASES--Health authorities yesterday discovered three new cholera cases, which came from a neighboring Arab country. They have been referred to the hospital for treatment. This brings the total number of cholera cases so far discovered to 81. [Text] [Kuwait AL-WATAN in Arabic 13 Sep 85 GF] /6662

CHOLERA CASES NOW 86--Dr 'Abd al-'Aziz al-'Anzi, deputy director of the Al-Hamyat Hospital, has said that 86 cholera cases were discovered in the country this summer. He said 44 cases have been treated and 42 cases are still under treatment. [Excerpt] [Kuwait AL-QABAS in Arabic 14 Sep 85 p 1 GF] /6662

CSO: 5400/4502

SABAH PREPARED FOR MALARIA OUTBREAK

Kuala Belait BORNEO BULLETIN in English 19 Oct 85 p 6

[Text]

Officials Expect Year's Toll To Reach 40,000

MALARIA is making a comeback in Sabah and this year seems set to see the trend accelerate.

The state's worst year was 1961 when an estimated 100,000 cases were recorded.

But following a dramatic drop in later years the disease is now increasing sharply again, with the first quarter of this year recording almost three times the number of cases reported for the corresponding period last year.

Up to May the Medical Department (Health) had 17,313 reported cases, compared with 5811 at the same time last year.

A spokesman for the department described the trend as "alarming" and said that the projected total for the year — up to 40,000 cases — would be almost double that of last year's total of 21,358 cases.

He said that the incidence of malaria in Sabah had experienced several ups and downs from year to year, but several factors had now led to Sabah entering

an endemic state.

"There are many reasons for the increase in the incidence of malaria," he said.

"It's difficult to pinpoint the exact cause, or causes, but they can be summarised in three major areas:

- The failure to eradicate malaria completely in the 1960s and 1970s was caused partly by the nature of Sabah's terrain.

- The opening of more timber camps in forest areas this year had exposed more workers with low immunity and who don't take adequate measures to protect themselves.

- The higher rainfall last year which encouraged mosquito breeding.

Almost 80 per cent of Sabah is hilly, remote and heavily forested — inhabited mostly by ru-

ral people living in villages scattered throughout the interior.

Malaria in these areas is transmitted by *Anopheles balacensis*, a highly efficient forest-breeding, outdoor-resting mosquito which has

a low irritability threshold to DDT and often avoids fatal contact with treated walls.

Said the Medical Department spokesman: "This species of mosquito is widely distributed all over the foothill areas of Sabah and causes more than 90 per cent of all malaria cases reported in the state."

Last year's high rainfall has continued this year, following the drought in 1983 when only 11,290 cases of malaria were reported — the lowest total recorded.

The Medical Department is carrying out regular house sprayings in the worst affected areas, coupled with an intensive campaign to detect and isolate "active cases," mass drug administration and radical treatment in districts such as Ranau, Tenom, Kota Marudu and Pitas.

"Our Vector-borne Disease Control Programme (VBDCP) is also carrying out field trials on the use of mosquito nets for personal protection against malaria.

in the Upper Kinabatangan area," the spokesman said.

"Such self-help methods have been advocated for community participation and they are now being assessed under Sabah conditions.

He said other methods were based on measures' potentially available to every household, such as window screens, mosquito coils, taking anti-malaria drugs like chemoprophylaxis before, during and after visits to forested hill areas and having blood tests at the slightest suspicion of "rigours" and fevers.

The worst hit areas in the state are Kudat, including Pitas and Kota Marudu, and the Sandakan district which also includes Beluran and Kinabatangan.

The Medical Department spokesman said that 48 per cent of Sabah's population contributed 94 per cent of all malaria cases reported in the state.

They were people living the hilly and mountainous remote regions which were given two cycles of spraying each year and which were served by a rural dispensary.

"House spraying is the main weapon for malaria control," he said.

"We have 64 spraying teams for the whole of Sabah, with each team comprising a squad leader and two sprayers."

/12828
CSO: 5400/4324

HEPATITIS OUTBREAK IN SARAWAK

Kuala Lumpur NEW STRaits TIMES 12 Oct 85 p 4

[Text]

TAPAH, Fri.—The outbreak of viral hepatitis in the Troikah Felda land scheme — which resulted in 723 cases of jaundice — has been contained, Land and Regional Development Minister Datuk Seri Adib Adam said today.

Speaking at a Press conference after visiting jaundice patients at the district hospital here, Datuk Seri Adib said the peak of the outbreak appears to be over and new cases are mainly of infection from secondary sources such as family members.

He said measures have been taken to pre-

vent the primary source of infection believed to be from drinking contaminated river water which has not been boiled.

Hygiene

"Most of the 723 cases occurred in the Troikah Felda area and the primary source of infection has been traced to river water, which is used when the main water pipes are damaged.

"One apparent source of contamination appears to be the dumping of sludge at the upper reaches of the main river in the Felda area."

The Minister said human waste dumping at the river site has been stopped and the local water supply department had been informed of the need for proper chlorination of the water.

"Meanwhile, about 8,000 Felda settlers have been informed of the need for hygiene and proper cooking and storage of food and drinking water."

"This type of health education programme will be an on-going exercise to inculcate in the settlers the importance of basic hygiene."

Datuk Seri Adib said

in view of the fact that the Troikah Felda schemes had also experienced outbreaks of typhoid — another water-borne disease — long-term measures to prevent such outbreaks would include consultations with the Waterworks Department on the need to safeguard the water supply.

On the possibility that the source of contamination could have come from an Orang Asli settlement sited at the upper reaches of the Troikah River, he said the help of the Orang Asli Department will be sought in this matter.

/12828
CSO: 5400/4324

MALAYSIA

BRIEFS

TYPHOID EPIDEMIC--Kota Baru, Mon--The typhoid epidemic which hit Kelantan in 1977 has returned. From January to Oct 5, 521 cases were reported, mostly from the Tumpat District which has 142 reported cases, Kota Baru (145 cases), Tanah Merah (74 cases) and Pasir Mas (61 cases). Last year 437 cases were reported, the highest in the Kota Baru District which recorded 110 cases. In 1977, 523 cases were reported. These figures were contained in a report prepared by the State Medical and Health Services Department. [Excerpt] [Kuala Lumpur NEW STRAITS TIMES in English 12 Nov 85 p 5 BK] /6662

CSO: 5200/4325

NICARAGUA

BRIEFS

DENGUE CASES DOWN--From the approximately 70 [dengue] cases reported daily in the hospitals, the number has decreased to some 33 cases, Dr Jannet Chavarria, official of the regional office of the Health Ministry, announced today. Starting 14 September, the day in which the so-called "epidemiological alert" started, the regional Health office visits the Managua hospitals each day in order to confirm the cases reported and their seriousness. "In the first days of the epidemic, we had up to 70 cases daily in the Manolo Morales and Lenin Fonseca Hospitals. In the children's hospitals, the number has always been low," Dr Chavarria said. She added that beginning 10 October it was observed that the cases had decreased to some 30 per day in all the hospitals and that there are few people with grade three dengue, which is the most serious and can be fatal. Dr Chavarria said that during the days of the emergency up to six people were admitted to intensive care. "The situation has changed, since the last death from this disease occurred last 18 September, almost a month ago." The health official admitted that the fumigation and use of [the chemical] abate had brought results, but that nevertheless, people who were already bitten by the mosquitos before this campaign would show the symptoms. [Excerpts] [Managua LA PRENSA in Spanish 14 Oct 85 pp 1, 12] /12712

CSO: 5400/2017

MEASLES OUTBREAK REPORTED IN HADEJIA

Kano THE TRIUMPH in English 21 Oct 85 p 16

[Article by Nuhu I. Sani]

[Text]

THE children killer disease measles — has broken out in Hadejia Local Government area of Kano State and has so far claimed 220 lives within one month.

The Head of Medical and Health Development of Hadejia local government, Alhaji Lawan Umar Kura, who spoke to *The Triumph* on behalf of the Sole Administrator, Alhaji Abdullahi Maikano Gwarzo, said there was also an outbreak of Malaria and Whooping cough in the local government.

He said with the help of the newly introduced Expanded Programme on Immunisation (EPI) in the area a total of 485 people were vaccinated against the diseases. He said that the local government has also spent N18,125.00 on drugs and equipment for treatment and control of communicable diseases.

Similarly, he continued the sum of N105,000 has been spent for drug and equipment in the 21 dispensaries

located in various parts of the local government, while the total of N96,734 has been spent on personal emolument between January and September this year.

The sole administrator further explained that the health department had treated more than 174,480 patients with 124,145 different diagnosis out of which 28,442 were infectious and 4,715 were communicable diseases.

On environmental sanitation, Alhaji Gwarzo explained that the sanitation of the people of Hadejia has greatly improved. "On our part, we were able to clear the Hadejia, Birniwa, Malam-Maduri and all the district head-quarters of refuse and sewage and we have also demolished 125 illegal structures", he revealed.

The local government's problems, he said, were lack of funds to repair the damaged dispensaries and to purchase drugs and equipment and also lack of qualified personnel.

GUINEA WORM OUTBREAK REPORTED ON OYO

Enugu DAILY STAR in English 28 Oct 85 p 12

[Article by Rex Okechukwu]

[Text] An outbreak of guinea-worm, has been reported in Lagelu local government area of Oyo State.

Among the worst victims of the illness are children of school age who usually fetch water from the brooks in the place.

The people of the area told the state military governor, Lt-Col Adetunji Olurin who was on a familiarisation tour of the local government that their greater need was potable water.

Besides, they asserted that roads in the place had been untarred, health facilities were inadequate, educational institutions yearned for proper maintenance, agriculture was in a decadent stage while electricity supply remained a dream in most parts of the area.

The people said that the place used to be a granary for cocoa production up till the 60's before the neglect of agriculture came in.

They assured the governor that they could release land for modern farming in order to provide job opportunities for secondary school leavers whenever the government embarked upon the programme.

Governor Olurin indicated his delight for the unalloyed support and concord expressed by the people to the present military administration.

He said his tour of the local government of the state had afforded him the understanding that the greatest problems of the rural dwellers were good road network, electricity, water and uncompleted projects.

The governor announced that road construction and maintenance would take off during the dry season particularly the rural roads leading to food producing areas.

He urged the people to rehabilitate the production of cocoa as a means of conserving foreign exchange.

Lt Col Olurin had earlier paid a visit to local authority Teachers' College, Ille-Ighon-Iyama-Offa, where the principal Mr Funso Aremu, spoke on efforts to improve the quality of education in the college.

The governor later inspected the local government farm project at Owobaale Awaye.

/9274
CSO: 5400/31

GASTROENTERITIS IN SOKOTO STATE

20 Persons Killed

Kaduna NEW NIGERIAN in English 23 Oct 85 p 16

[Text]

TWENTY persons have died within six days at Ileia-Kalawa in Shuni District of Sokoto State, from the deadly disease, gastro entritis.

Twenty others are now receiving treatment in a special camp created by an official of the Sokoto State Ministry of Health.

According to a report made available to the *New Nigerian* in Sokoto, 12 of the victims who died of the disease were from two families, the eight others were from the village. Seven persons died from one family alone.

The *New Nigerian* gathered that the disease was first noticed in the village about 10 days ago and by last Saturday it had claimed about 20 lives.

The symptoms of the killer disease were vomiting and diarrhoea and most of those affected were elderly persons.

The *New Nigerian* gathered that the source of the disease might be contaminated water.

The state Chief Medical Officer, Dr. M.D. Ango confirmed the story and said a team of medical officials drafted to the area had been able to put it under control. He said an investigation had been instituted into the main causes of the disease.

He said only one well served the whole village and added that the consumption of contaminated food might also cause vomiting and diarrhoea, symptoms of the disease.

Last August, the disease claimed 12 lives in Gusau.

More Deaths Reported

Kaduna NEW NIGERIAN in English 26 Oct 85 p 16

[Article by Adebisi Adekule]

[Text] Nine more persons have died from gastro-enteritis at Illela Gajara in Shuni District of Bodings Local Government of Sokoto State.

The deaths occurred between last Wednesday and yesterday. 20 persons had died from the disease between October 10 and 19.

Forty persons were treated and discharged by the special medical team drafted to the area to control the epidemic which was caused by contaminated water.

Chief Medical Officer, Dr. M. D. Ango, said poisonous snakes and other reptiles died in the well that supplied the people with water nearly every day.

He said the specimen of the water consumed by the people had been sent for laboratory test and the result was being expected.

Dr Ango told the delegation that they strongly suspected that more victims of the epidemic, mostly women, were being prevented from receiving medical attention by their husbands.

An elder in the village, Malam Mande narrated their ordeals to the delegation and revealed how the villagers and poisonous snakes struggled for drinking water from the 12 shallow wells sunk by the villagers.

He said there was never a day when snakes were not found in any of the wells.

In a message, the state Governor, Colonel Garba Mohammed, ordered immediate closure of all the wells and new ones be sunk.

He also ordered that water should be supplied to the village through tankers daily.

The Bodings Local Government should provide cement and stones as well as equipment for sinking the well, while villagers would supply the labour through direct supervision of the state Ministry of Works.

/9274
CSO: 5400/32

NIGERIA

BRIEFS

PRISON EPIDEMIC FEARED--Chronic infectious diseases have spread among the suspects awaiting trials at the Federal Prison, Owo, in Ondo State. The diseases, among which are measles and body rashes have affected virtually all the inmates on remand. Most of the suspects were granted bail. As at Thursday morning, 101 suspects awaiting trials, were being held while 271 convicts are serving. Among those on remand in the prison are students, drivers, teachers, a youth corps man and labourers. Their ages range between 18 and 25 years, our investigations revealed. Outbreak of diseases among the inmates have become so serious that an epidemic is being feared by prison officials. [Text] [Lagos DAILY TIMES in English 21 Oct 85 p 32] /9274

CSO: 5400/31

PEOPLE'S REPUBLIC OF CHINA

STUDY OF HEPATITIS B VIRUS CORE ANTIGEN SYNTHESIZED IN *E. COLI*

Shanghai SHENGWUHUAXUE YU SHENGWUWULI XUEBAO [ACTA BIOCHEMICA ET BIOPHYSICA SINICA] in Chinese No 4, Jul 85 p 475

[English abstract of article by Huang Yaoxuan [7806 5069 3551] et al, Institute of Basic Medical Sciences, Academy of Military Medical Sciences]

[Text] I. Preliminary Separation and Identification

Previous results indicated that HBV core antigen (HBcAg) expressed in *E. coli* from cloned fragments of HBV DNA could substitute for the liver-derived antigen in serological assays for hepatitis B. Studies were undertaken to determine whether *E. coli*-derived HBcAg could be purified by a single affinity chromatographic technique. Purified anti-HBc IgG was coupled to cyanogen bromide-activated Sepharose 4B. Enzyme linked immunosorbent assay (ELISA) revealed complete binding of the *E. coli*-derived HBcAg to the gel after passing them through an anti-HBc IgG-conjugated Sepharose 4B column. Following elution, each purified pool of *E. coli*-derived HBcAg gave a major band and two minor bands in polyacrylamide gel electrophoresis. Counter current immuno-electrophoresis demonstrated that purified *E. coli*-derived HBcAg immuno-precipitates with human anti-HBc serum. And the immuno-complex can be detected by rapid immune-electron microscopy. This chromatographic technique should prove useful in the rapid purification of large quantities of *E. coli*-derived HBcAg for biochemical and immunochemical study.

CSO: 5400/4100

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

AIDS PREVENTIVE MEASURE--To prevent transmission of the deadly AIDS virus, the Shenzhen authorities have put a ban on the import of blood products into the mainland. The Hygiene Ministry and the customs and excise administration in China have jointly announced that restrictions on such imports are needed to prevent the infiltration of the Acquired Immune Deficiency Syndrome disease, through blood transmission. As China does not have any blood screening devices to detect against the disease, these measures were considered necessary. The new rules are effective from August 26. Six major blood products are prohibited including refrigerated blood plasma, fluid plasma, dehydrated plasma and white blood cells. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 20 Sep 85 p 1b] /12851

CSO: 5450/0011

PHILIPPINES

HEALTH MINISTER ACTS TO PREVENT AIDS SPREAD

Manila BULLETIN TODAY in English 20 Oct 85 p 8

[Text] Health Minister Jesus Azurin ordered yesterday the Bureau of Research and Laboratories to identify and examine all close contacts of the first Filipino reported to have contracted the deadly disease called acquired immune deficiency syndrome (AIDS).

At the same time, he urged physicians to report to the Ministry of Health (MOH) persons confirmed and suspected to have AIDS to prevent the spread of the disease.

To avoid the entry of persons with AIDS, Azurin called for an emergency meeting with Bureau of Quarantine officials this week.

The first verified AIDS victim, a 32-year-old homosexual art director from San Francisco, reportedly came back to the Philippines to die.

The AIDS patient died in a suburban medical center the other week after transferring to at least three hospitals to find a cure for his ailment and elude priers. He was buried in a private memorial park last week.

Azurin directed Dr Virginia Basaca-Sevilla, BRL director, to examine the blood of the victim's family, close friends, attending hospital workers and employes at the funeral parlor where he was embalmed.

Sevilla proposed to Azurin that countries be asked to send an official notice to the MOH on the entry of persons with AIDS.

/9317
CSO: 5400/4321

PHILIPPINES

MANILA HEALTH AUTHORITIES WARN ON GONORRHEA CASES

Manila BULLETIN TODAY in English 29 Oct 85 p 8

[Text]

Manila health authorities warned the public anew against gonorrhea as they noted 28 more cases of the sexually transmitted disease in the city for the week ending Oct. 19.

The weekly cases — the highest number so far in Manila for period from July 28 to Oct. 19 — brought to 264 the total number of gonorrhea cases in Manila during that 12-week period, city health authorities said.

City health officer Evangeline Suva said the 28 cases were higher than the weekly average of 22 gonorrhea cases in the city for the past five years.

At the same time, Dr. Suva reiterated that no case of the deadly sexually transmitted disease known as acquired immune deficiency syndrome (AIDS) has been reported in the city so far.

According to city health authorities, the

second highest gonorrhea incidence in Manila was registered during the week August 11-17 with 27 cases, followed by the week from Sept. 29 to Oct. 5 with 26 cases and for the week ending Aug. 24 with 25 cases.

They said that most of the gonorrhea victims were adolescents between 12 and 22 years who live or have sought medical treatment in anti-venereal disease clinics in Ermita and Malate districts.

Suva reiterated her advice to the public that the most effective safeguards against gonorrhea is avoidance of promiscuity and sexual contact with strangers, particularly infected persons.

She said that if not treated early, gonorrhea will cause sterility, gonorrhreal arthritis, pelvic inflammatory disease, blindness in infants, heart disease, or meningitis. (PNA)

/9317
CSO: 5400/4321

PHILIPPINES

HEMORRHAGIC FEVER INCIDENCE, OTHERS RISE

Manila BULLETIN TODAY in English 31 Oct 85 p 8

[Text] The Manila City Health department yesterday urged the public to observe extra precautions against hemorrhagic fever (H-fever) and chickenpox as it noted a record high incidence of the diseases in the city for the week ending Oct 19.

It also warned the people against the continued upsurge of typhoid fever, measles, influenza (flu), and infectious hepatitis in Manila.

City Health Officer Evangeline Suva said there were 10 H-fever and 10 chickenpox cases in Manila Oct 13-19--the highest so far in the city for the three-month or 12-week period ending Oct 19.

Suva said the figures were considerably higher than four H-fever cases and one-chickenpox case for the previous week and the weekly average of five H-fever and four chickenpox cases in the city for the past five years.

She said there were 20 typhoid cases with one death, 22 measles cases with two deaths, 10 hepatitis cases with two deaths, and 45 flu cases in Manila, for the week ending Oct 19.

She said the figures were much higher than the week average of only five typhoid cases, 17 measles cases with one death, nine hepatitis cases and 40 flu cases in the city for the past five years.

City health authorities said the second highest weekly cases of H-fever in Manila for the 12-week period from July 28 to Oct 19 was registered on Sept 1-7 with seven cases and two deaths. The third record was on Oct 6-12 with four cases. (PNA)

/9317
CSO: 5400/4321

PHILIPPINES

MYSTERIOUS DISEASE KILLS 43 IN KALINGA

Manila BULLETIN TODAY in English 26 Oct 85 p 8

[Article by Sid Chammag]

[Text] Baguio City--An epidemic caused by a mysterious disease which has already claimed 43 deaths, is raging in the hinterland village of Basao in Tinglayan, Kalinga-Apayao, a belated report reaching this city said yesterday.

A Basao farmer identified only as "Oggang" reported to the office of the Cordillera People's Alliance (CPA) in Bontoc, Mt Province, that of 43 deaths, 38 were children below 13 years old, two teenagers, and three adults.

He said that many of the adults are weak, sick and bed-ridden.

Oggang added that Tinglayan municipal health officials had not been able to establish the nature of the epidemic.

"The disease attacks very fast. A person goes into chills, starts vomiting and within a few minutes the victim just drops dead," Oggang said.

The villagers reportedly evacuated after the first 10 sudden deaths, but later went back to the village.

The epidemic area is seldom visited by provincial health personnel due to its far distance from the capital town of Tabuk.

Hence, most of the people of Tinglayan usually proceed to Bontoc, Mt Province, which is nearer, for treatment.

It may be recalled that Dananao, another hinterland barrio of Tinglayan, was the site of a typhoid epidemic for four months last year. The epidemic resulted in the death of 50 persons.

As this developed, municipal officials as well as residents of the area suggested that medical people should be sent to Tinglayan.

Thirty-one more persons died of pneumonia in Manila even as the incidence of the respiratory infection has gone down to its normal level in the city, health authorities said yesterday.

The authorities noted that for the first time in the 11-week period ending Oct 12, there was no gastro-enteritis deaths reported in Manila and the prevalence of the acute intestinal disease has also reached its normal level.

City Health Officer Evangeline Suva said aside from the 31 pneumonia fatalities, there were 99 cases in Manila for the week from Oct 6 to 12.

Dr Suva also said that for the same week, there were 122 gastro cases with no deaths in the city.

The pneumonia deaths increased to 373 the number of fatalities of the No 1 disease killer in the city for the 11-week period from July 28 to Oct 12.

/9317
CSO: 5400/4321

AIDS DISEASE ARRIVES, SPECIAL TASK FORCE APPOINTED

Positive Findings in HTLV Tests

Warsaw SZTANDAR MLODYCH in Polish 21 Oct 85 pp 1, 2

[PAP report]

[Text] A deputy of the minister of health and social welfare reports that as part of the work being done by the AIDS Task Force tests have been run so far on serum specimens collected from 1,679 individuals ranked as belonging to the known AIDS risk groups and from blood donors.

Immunoenzymatic testing procedures were employed in order to detect the presence of the AIDS-HTLV-III-LAV antibodies. These antibodies were detected in four serum specimens. These serum samples came exclusively from persons in the highest risk groups, i.e., homosexuals (2 positive findings out of 52 tested) and hemophiliacs being treated with imported blood products (2 positive findings out of 89 tested).

The results of this initial round of tests show that the etiological agent AIDS-HTLV-III-LAV has arrived in Poland. As of right now, the infection caused by this virus is displaying no symptoms, and the only persons stricken belong to the well-known risk groups. All of the persons in whom the ANTI-HTLV-III-LAV antibodies were detected have been informed of this fact, put through a series of clinical tests, and kept under medical observation. Based on the results of the tests that have been run so far, it is impossible to foresee whether or not any of these persons will develop the full-blown symptoms of AIDS.

The testing of persons in the risk groups and blood donors is proceeding. No AIDS symptoms were found to be present in any of these four cases. The ANTI-HTLV-III-LAV antibodies were not detected in any of the serum specimens collected from persons in the other groups, i.e., 120 drug addicts, 44 prostitutes, 1,340 blood donors, and 34 individuals receiving frequent blood transfusions.

Reactions of AIDS Task Force Chief

Warsaw SZTANDAR MLODYCH in Polish 21 Oct 85 p 2

[Interview with Gen Bde. Prof Jerzy Bonczak, Chief Public Health Inspector and head of the AIDS Task Force, by unidentified PAP journalist; date, place not given]

[Text] [Question] Is the message conveyed by this communique saying that we have four people in Poland suffering from AIDS, which--in Polish--stands for "acquired immune deficiency syndrome?"

[Answer] These people display no clinical symptoms of AIDS, but they do have the initial symptoms of this disease. So, it can be expected that they will show symptoms eventually that attest to the further progress of the disease.

[Question] What are the initial symptoms of the disease?

[Answer] These symptoms are nonspecific to start with. They consist of considerable fatigue attributable to no obvious causes, increased perspiration, progressive weight loss, and sometimes also gastrointestinal disorders. However, it should be remembered of course that these kinds of symptoms also occur in many other diseases.

[Question] Given this, what then are the typical, specific symptoms of AIDS?

[Answer] As it has turned out so far, unfortunately, the irreversible breakdown of the body's system of resistance to disease, i.e., its resistance to so-called opportunistic infections such as viral and bacterial infections, parasitic infestations, and mycotic infections--often trivial in nature--that could be easily treated in a healthy person. But in this case the body is not able to fight these diseases. Finally, the next phase consists of neoplastic transformations, mainly cancers of the skin, but also affecting other organs.

[Question] Are these four Poles, in whom the antibodies referred to in the communique were detected, carriers of the disease, that is, could they infect others? And if so, in what way would the infection be transmitted?

[Answer] Yes. Mainly through sexual contact. Approximately 80 percent of the AIDS victims in the United States are homosexuals. A homosexual can also transmit the AIDS virus through heterosexual contact. Naturally, these people cannot be used as blood donors either. However, normal, everyday casual contact with friends, family members or co-workers who are AIDS carriers poses no threat whatever.

[Question] Can anyone in Poland suspected of having this disease be assured that they will be thoroughly tested and examined and receive an authoritative answer as to whether or not they are sick?

[Answer] Yes, that goes without saying. We have designated appropriate facilities which are supposed to take care of this. Blood can be collected for testing by any public health-epidemiological station in the country. The diagnostic center is the National Health Foundation.

[Question] What do you see as the prospects for the fight against AIDS in Poland?

[Answer] Well, although this disease certainly cannot be ignored, the fact remains that the world medical community still has not even come up with either any vaccines or any effective drugs. But by the same token neither should the dangers of this disease be blown out of proportion. We are in a position to profit from the lessons learned by other countries. Our preventive and regular health care services system has been working on this for a couple of months now. In short, we are prepared.

Composition of AIDS Task Force

Warsaw SLUZBA ZDROWIA in Polish 20 Oct 85 p 2

[Text] A special AIDS Task Force has been formed headed by professor Adam Nowoslawski. The other members of the task force are professor Wieslaw Magdzik, National Health Foundation, professor Halina Seyfried, Institute of Hematology, docent Lidia Babiuch, Institute of Infections and Parasitic Diseases of the Warsaw Medical Academy, docent Jacek Juszczak, Infectious Diseases Clinic of the Medical Academy of Poznan, docent Jery Tomaszewski, Health Care Services Training Center of the Military Medical Academy, Dr Janusz Ziemka, Infectious Diseases Clinic of the Military Medical Academy, Dr Walentyna Mazurkiewicz, Institute of Venereology of the Warsaw Medical Academy, and Dr Jan Suchowiak, Ministry of Health and Social Welfare. We wish to remind our readers that the special commissioner reporting to the minister of health and social welfare on matters related to AIDS is vice minister Gen Bde. Professor Dr Jerzy Bonczak.

/12948

CSO: 5400/3003

PORUGAL

BRIEFS

STATISTICS ON AIDS CASES--Eleven AIDS cases were confirmed yesterday at a meeting at Curry Cabral Hospital in Lisbon between doctors and Prime Minister Mario Soares and Minister of Health Maldonado Gonelha for the purpose of keeping tabs on the spread of a disease which has now caused four deaths in Portugal. At a meeting with reporters, it was announced that examinations are now available at the country's hospitals treating dermatological and contagious diseases for persons in the high-risk groups for AIDS. The AIDS monitoring group, coordinated by Dr Laura Aires, distributed a "confidential notification form" in an effort to "try to learn the current situation in Portugal" and to standardize procedures, methodology, treatment, prevention, requirements, and costs. The AIDS monitoring group will publish a monthly news bulletin for specialists and laymen on how to avoid the further spread of the disease. Dr Aires said, "Of the 11 known cases, 4 have died, and the others are under observation." A medical source informed the NP that one of the seven under observation had recently left the country. [Excerpts] [Lisbon DIARIO DE NOTICIAS in Portuguese 24 Sep 85 p 14] 8844/13046

DIPHTHERIA OUTBREAK--A localized diphtheria outbreak in a low-income neighborhood near the Rotunda de Relogio in Lisbon has claimed one child's life and hospitalized nine, who, according to Lisbon Regional Health Administration personnel, are not in danger. The Regional Health Administration (ARS) said that the hospitalized children would live because they had been properly vaccinated. Of the nine children carrying the diphtheria bacteria, six have developed the toxin which causes the disease. ARS personnel examined dozens of children in the area where the outbreak occurred. Lack of good hygiene is obvious there. Failure to vaccinate is another factor that could have contributed to the outbreak. The incidence of this disease has been falling in Portugal since 1966, when a national vaccination effort began. However, an epidemic claimed 46 lives in 1975-1976. This outbreak coincided with a slowdown in the vaccination effort at that time. Health authorities now assure us that every effort will be made to prevent an epidemic. The outbreak is confined to the Relogio Neighborhood. [Excerpts] [Lisbon TEMPO in Portuguese 27 Sep 85 p 36] 8844/13046

CSO: 5400/2506

ST LUCIA

GOVERNMENT ANNOUNCES MEASURES TO COMBAT AIDS

Castries THE WEEKEND VOICE in English 12 Oct 85 p 1

[Excerpt]

TESTING of farm workers for the deadly disease AIDS began yesterday at the Police auditorium and continues next week on October 18 and 22.

This is one of the precautions the Ministry of Health has undertaken to help control the disease which has spread fear around the world and was identified here recently.

Approximately 500 farm workers who will travel to the United States later this month for employment will be tested for the disease here as well as upon their arrival in Florida.

Other methods implemented by the Ministry are well underway here with pamphlets being distributed throughout hospitals and health centres around the Island. Other educational material on the disease can also be obtained from the Ministry of health.

An educational programme for hospital and community health personnel has already commenced and a film on the disease donated by the Pan American Health Organization (PAHO) has been shown to medical personnel.

Panel discussions and radio phone-in programmes have taken place and plans for others are being devised by the Ministry while doctors are being kept up to date on identifying, diagnosing and treating the incurable disease by the distribution of information from overseas health departments.

Director of Health Services Dr. Anthony D'Souza said that a small group of medical personnel established by the Ministry has been counselling known victims of the AIDS and their families.

In addition he said, at the Victoria Hospital, an education programme for all members of staff has begun and an infection control committee was established to develop guidelines and standards for managing AIDS patients.

An isolation unit for AIDS victims has also been provided at the Hospital while laboratory facilities are being improved and a local technologist will be trained to conduct tests for the disease by a Caribbean Epidemiological Research Centre (CAREC) expert.

Dr. D'Souza said that the Ministry of Health will also be receiving testing kits so that blood donors can be screened.

Since the presence of the disease was confirmed here about two months ago four cases have been identified with two of the victims succumbing and dying from AIDS while the other two have not yet shown symptoms of the disease and are under constant surveillance by the health department.

/9274

CSO: 5440/017

SOUTH AFRICA

COLOREDS HIT BY ACCELERATED TB EPIDEMIC

Johannesburg THE CITIZEN in English 7 Nov 85 p 2

[Text] Cape Town.--An accelerated tuberculosis epidemic was occurring among Coloureds throughout the country and especially in the Western Cape, according to the Medical Officer of Health for the Cape Divisional Council, Dr L. R. Tibbit.

Addressing the TB issue in his 1984 annual report, which he describes as the "main infectious disease problem" facing medical authorities, Dr Tibbit said there was overall a 10 percent increase in the number of notifications of the disease in 1984 as compared with 1983.

Since 1980 the number of annual notifications had increased by 54 percent, he said.

In all, there were 2750 TB notifications in the Cape Divisional Council area during 1984 as against 2500 the previous year.

"The notification rate per 100,000 has risen from 390 in 1983 to 415 in 1984 in the Coloured population and it is evident that there is an accelerated epidemic of TB occurring in this population, especially in the Western Cape but also throughout the Republic," said Dr Tibbit.

"I am convinced the long-term answer to this problem is the development of community participation in the prevention, early reporting and completion of treatment of TB sufferers.

"However, as long as there is overcrowded housing and poor nutrition, a high prevalence rate of TB must be expected," he says.

/9274
CSO: 5400/33

TRINIDAD AND TOBAGO

BRIEFS

AIDS INCREASE--Out of 100 randomly selected male homosexuals, 43 were found with the antibodies to the AIDS virus. Some of these positive cases will, in due course, succumb to the disease and eventually die. This was contained in the 1984 Annual Report of the Caribbean Medical Centre. The Report was prepared by Specialist Medical Officer Dr Bisram Mahabir Acquired Immune Deficiency Syndrome (AIDS), according to Dr Mahabir, has not experienced a fall off in the number of cases since its discovery in Trinidad and Tobago, but in fact has "grown progressively worse." During the year under review, several persons died from the syndrome. To date approximately 50 persons have died of the disease. "In view of the critical situation, the AIDS problem must be given top priority as a Public Health Problem. Health education and the screening of blood donors and high risk groups for AIDS antibodies must be accelerated," Dr Mahabir stated. [Excerpt] [Port-of-Spain TRINIDAD GUARDIAN in English 16 Oct 85 p 3]

/9317
CSO: 5440/015

PILOT PROJECT LAUNCHED TO CURB BILHARZIA

Harare THE HERALD in English 31 Oct 85 p 4

[Text] The Ministry of Health has launched a pilot project on bilharzia control in the Madziwa communal lands to curb the spread of the disease.

The Mashonaland Central provincial health inspector, Cde Phanuel Mukonowatsauka, said earlier this week that the project was being funded by a Norwegian donor agency, Norad, and directed by Blair Research.

The project is based on the improvement of water, sanitation, treatment and testing of urine and stool to detect symptoms of bilharzia.

Cde Mukonowatsauka said a survey revealed that between 60 and 70 percent of the children in Madziwa suffer from bilharzia. This was because most people washed, played or drank from rivers and dams.

"Our next step will be to conduct large-scale examination and treatment of people in the whole district," he said.

In an effort to bring the situation under control, the Ministry of Health is holding education seminars at schools. The use of visual aids and films had boosted the programme.

The ministry intends to construct 2,500 Blair toilets and 500 wells in Madziwa. Already, 400 Blair toilet pits and a number of wells have been dug and each family is supplied with five bags of cement.

Norad, who will fund the project for the next three years, have already sponsored the training of 150 builders to construct the Blair toilets.

Cde Mukonowatsauka said if a breakthrough on bilharzia control was achieved the programme would spread throughout the country.

"Our concern is health for all by the year 2000 and we are determined to achieve this goal."

/9274
CSO: 5400/33

BRIEFS

CATTLE DISEASE EPIDEMIC--RUPGALI, Sept 13--More than 100 heads of cattle died and a good number of cows were attacked with cattle diseases that broke out in an epidemic form in different villages of Demra upazila during last few days. It is learnt that Demra, Narailpur, Narailbagh, Mirpara, Amulia and Mandipur are the worst affected areas of the upazila. It is alleged that the local veterinary hospital authority is quite indifferent to duties in combating the disease here. On the other hand no departmental measures have yet been taken in this regard. Dinajpur--Cattle disease has broken out at Nawabganj as an epidemic form where five heads of cattle died and a large number has been attacked with the disease. It is learnt that curative medicines are not available in the local markets. People of the affected areas urged the authority concerned to take preventive measure for arresting the disease immediately. [Text] [Dhaka THE NEW NATION in English 14 Sep 85 p 2] /12851

JAMALPUR CATTLE DEATHS--JAMALPUR, Sept 24--More than 500 heads of cattle died and about 1,000,000 have been attacked with cattle diseases that broke out in an epidemic form in all villages under seven upazilas of the district during last few days. It is alleged that the local District Veterinary Hospital authority is quite indifferent to duties in combating the diseases. On the other hand, no departmental measures have yet been taken in this regard. Curative medicines are also not available in the markets of the district. People of the affected areas urged the authority concerned to take preventive measure for arresting the disease immediately. [Text] [Dhaka THE NEW NATION in English 25 Sep 85 p 2] /12851

CSO: 5450/0020

CENTRAL AFRICAN REPUBLIC

BRIEFS

RABIES 'EPIDEMIC' IN BANGUI--A rabies epidemic has been detected in Bangui. This epidemic is obviously due to an increase in the number of stray animals which have not been vaccinated such as cats and dogs. [Text] [Bangui Domestic Service in French 1800 GMT 5 Nov 85 AB] /8918

CSO: 5400/30

CANADA PROVIDES CREDIT FOR VETERINARY SERVICES

Kingston THE DAILY GLEANER in English 5 Oct 85 p 22

[Text]

A M E M - (J\$22M) Line of Related Services
ORANDUM OF Credit for the ices, was signed
U N D E R - procurement of on Thursday, by
STANDING for Veterinary the Minister of
Canada to pro- Drugs and Agriculture
vide Jamaica Equipment, and Hon. Dr. P.
with a C\$5M the provision of val Broderi.,

and the Deputy Canadian High Commissioner to Jamaica, Mr. Konrad Sigurdson, at the Ministry of Agriculture, Hope.

In signing the agreement, Dr. Broderick noted that it will assist Jamaica in improving animal health by providing the necessary foreign exchange needed for the drugs, equipment and services to combat animal diseases.

He said the Jamaica Commodity Trading Company and the Canadian International Development Agency

(CIDA) would be responsible for the administration of the project which will include the procurement of the goods from Canadian firms. Revenue generated from the sale of these drugs and services — termed counterpart funds — will be used for developmental projects and programmes agreed upon and approved by Jamaica and CIDA, working through the Counterpart Fund Committee.

Dr. Broderick said the Line of Credit should be regarded as further evidence of the high level of co-operation between Jamaica and Canada, and that this was greatly appreciated.

Mr. Sigurdson said the Line of Credit was an important component of Canada's programme of developmental assistance to

Jamaica's agriculture. He pointed out that agriculture, and in particular, assistance to small farmers was a major area of concentration in Canada's 1985/90 Developmental Assistance Strategy in Jamaica.

Mr. Sigurdson also outlined other areas of assistance to Jamaica, namely, the Canadian Fertilizer Programme, Assistance to the Agricultural Credit Bank, the Jamaica Agricultural Society, provision of seed potatoes, dairy development, food processing and food

Purchases of the goods and services under the Line of Credit are expected to begin in this fiscal year and continue for the next three fiscal years ending in 1988/89.

/9274
CSO: 5440/016

BRIEFS

RICE-HISPA, STEMBORER PESTS--NETRAKONA, Oct 2--Standing aman crops, both transplanted and broadcasting, on a vast area of land in different parts of Netrakona district are being damaged by pests Rice-Hispa and Stemborer locally known as "Lohajuri" and "Mazra" Poka. This correspondent visited some of the affected paddy fields in Roypur and Baushi unions in Barhatta Upazila and Thakurakona, Medni, Singher-Bangla and Dakshir Bishura under Netrakona Sadar Upazila and found that transplanted aman crops on a vast area of land have turned "white" as the green leaves of the paddy plants have been eaten up by the insects. I talked to a number of farmers who complained that due to want of spray machines they could not spray insecticides on the affected paddy-lands. It may be mentioned here that the District Agriculture Extension Department here has stopped supply of spray machines on hire-system. In view of such alarming situation it is felt here that effective steps should immediately be taken by the Agriculture Extension Department for spraying of pesticides in the affected crop-fields at Government initiative. [Text] [Dhaka THE BANGLADESH OBSERVER in English 3 Oct 85 p 8] /12851

PESTS IN CHANDPUR--FARIDGANJ (Chandpur), Oct 5--Aman crops on about 29,000 out of 34,000 acres of land in villages of Faridganj upazila under Chandpur Irrigation Project have been invaded by pests locally known as 'Pami Poka' for last few days. According to that affected farmers, the crops are being withered away following the pest attack. The farmers have sprayed pesticides several times but to no effect. Meanwhile, price of insecticide has shot up in the markets. At present, pesticide is being sold at Tk 100 per kg in the rural markets. As such, most of the farmers can hardly afford to purchase the same at this exorbitant rate. The Deputy Commissioner, chandpur, while on an official visit at Faridganj upazila, was apprised of the massive pest attack. But he advised the farmers to contact the Upazila Parishad in this regard. And when contacted, the Upazila Parishad said they have no funds to do the needful. The local BADC Extension Office too have reportedly neither any pesticide nor sprayer in their stock. Being disappointed, Faridganj Nagorik Parishad, on behalf of the farmers, has sent telegraphic messages and memorandum to President Ershad to give directives for urgent steps in this vital matter. It is apprehended that if positive measures are not taken for arresting the pest attack there may be an acute food deficit in the upazila. [Text] [Dhaka THE NEW NATION in English 6 Oct 85 p 2] /12851

PESTS IN SYLHET--SYLHET, Sept 15--Greater Sylhet comprising Sadar Moula Vibazar Sunamganj Habiganj is now in grip of pest attack resulting in colonial damage to crops transplanted and broadcast A man paddy in about 1,500,000 acres of land out of five lakhs acres in all 36 upazilas of the district. The pest attack is spreading rapidly to new areas. When contacted a local official of Agriculture Extension Centre (AEC) told me that they had already taken a massive anti-pest drive in the district. Meanwhile 900 pounds of pesticides have been distributed among the cultivators free of cost. Thirty-one teams and a 12-member supervisors have been formed for this purpose. A 12-member supervisors team has been formed. Several hundred land and power driven sprayers have also been fielded in all 36 upazilas. These are quite inadequate to fight the menace of pest attack. Aerial spraying was started on Wednesday and it will be continued. The local authority appealed to the Civil Aviation authority to continue aerial spraying up to September 30. [Text] [Dhaka THE BANGLADESH OBSERVER in English 17 Sep 85 p 7] /12851

PESTS IN NATORE--NATORE, Sept 23--Standing crops on a vast tract of land in different areas of Natore district have been attacked by pests. The worst affected areas are Joari, Chandainagar and Majigram under Baraigram upazila and Chatmordah, Gopalpur and Boaliapara under Lalpur upazila. Baraigram AED has distributed 22 sets of hand-driven spray machines. Upazila Parishad has also supplied pesticides among the farmers at cheaper rates to help fight the pests it was learnt. It was alleged that pesticides being sold in open markets at exorbitant price and these are not effective for controlling pest attacks. [Text] [Dhaka THE BANGLADESH TIMES in English 24 Sep 85 p 2] /12851

AMAN CROPS ATTACKED--CHALAN BEEL (Serajganj), Sept 15--Aman crops on about 10,000 acres of land of four unions namely Talom, Deshigram, Baruhash and Madhanagar of Tarash upazila have been invaded by pests known as Rice Hispa for last few days. When contacted, the agriculture office of the upazila confirmed the severe pest attack and said measures have been taken to combat the same. On the other hand, an emergency meeting was held on Saturday with the Deputy Director, Agriculture, in the chair. The meeting discussed the use of pesticide in combating pest attack. A team of workers is being sent to the affected areas with eight sprayers to spray pesticide in the fields. The affected areas require about 52 sprayers where there are only 27 sprayers in the buffer stock of the agriculture office, it is learnt. Chandpur--Aus and Aman crops on about one lakh acre of land in seven upazilas of this district have been attacked by pests locally known as Pamri Poka, reports BSS. The affected upazilas are Chandpur Sadar, Faridganj, Haimchar, Shahristi, Hajiganj, Kachua and Matlab. The badly affected areas are Chandpur irrigation project and Matlab upazila. According to farmers, the green leaves of the paddy plants are being damaged by the insects. In the event of the large-scale attack by the pest the price of pesticides has shot up abnormally in the local market. On the other hand, adulteration of pesticides has become rampant in the areas. The local people urged the authorities concerned to take necessary measures to save the crops from the pests. [Text] [Dhaka THE NEW NATION in English 16 Sep 85 p 2] /12851

COLOMBIA

BRIEFS

COFFEE RUST IN 3 DEPARTMENTS--The dreaded coffee rust, which first appeared in Colombia two years ago as of the 27th of this month, is currently attacking 200,000 of the one million hectares dedicated to the production of this crop in the country, according to an official report given to EL TIEMPO. Caldas, Quindio, and Risaralda are the departments most affected by the disease, detected almost 24 months ago in the "Calamar" hacienda owned by Jaime Restrepo Mejia, president of the Committee of Coffee Growers of Caldas, located in Chinchina, 25 kilometers south of this capital city. In Caldas, the rust is present in 90 percent of the coffee fields. The diseased area in Risaralda is 70 percent, and in Quindio it is estimated to be 60 percent. Antioquia, the principal producer of coffee in Colombia, barely registers 5 or 6 percent of the fungus in its crops, according to the same report of Manizales. In the territory of Caldas the rust is attacking fields in 90,000 of the 100,000 hectares dedicated to the production of coffee. According to the experts, the plant disease will extend to the remaining 10 percent within a few weeks. The executive director of the Committee of Coffee Growers of Caldas, Alberto Jaramillo Botero, told EL TIEMPO that the rust would not have a major impact on the harvest that has begun in this region. He maintained that "we coffee growers of Caldas are setting a good example for the country by our technical handling of the problem," and he added that "those who assumed a defeatist attitude when the rust appeared in Colombia were wrong." Jaramillo Botero predicted "an abundant, high quality harvest in Caldas," and he reported that the first important quantities of the bean were already being gathered in that zone of the country. It is projected that production in the coffee zone of Caldas will amount to 7 million arrobas, worth about 14 billion pesos. [Text] [Bogota EL TIEMPO in Spanish 15 Sep 85 p 13-A]

12467/12245
CSO: 5400/2101

PESTS, DISEASES IN DARJEELING ORANGE NURSERIES

Calcutta THE TELEGRAPH in English 4 Oct 85 p 12

[Article by Soutik Biswas]

[Text] Calcutta, Oct 3: The orange nurseries of Darjeeling where nearly eight lakh seedlings have been distributed by the state government's Hill Development Council during the last three years, remain "very much neglected" and pests and diseases are very common there. This has been revealed in a recent report on the orange seedling production in Darjeeling district sponsored by the Hill Development Council in collaboration with the state agriculture department and the Indian Agricultural Research Institute in Kalimpong.

The survey reveals a lack of proper management practices. There is no standard method of seed bed preparation and no custom to treat the seeds with protectives except in a few cases. It admits that there is "no schedule for the application of manures and fertilisers from the time of seed bed preparation up to the final stage of seedling growth."

The growers are ignorant about the basic facts of seedling production. Irrespective of the bed size, most of the growers are

raising 10,000 to 20,000 seedlings per year. The survey has called for standardization of the number of seedlings which can be raised per unit area of the seed bed.

The survey expresses deep concern over the rise in the incidence of pests and diseases in the seed beds and points out that pests are more prevalent. There is enough scope, it says to cure the seeds of pests and pathogens during the time of their distribution to the farmers. The survey pleads for a critical study on the incidence of pests and diseases in the nurseries at different altitudes in Darjeeling in order to develop a package of control measures.

The survey strongly suggests a package of practices for raising seedlings and control of pests to increase orange production in the state. According to Dr S. Makhopadhyay, of the Bidhan Chandra Krishi Viswavidyalaya, who was the chief investigator of the survey, a more scientific approach is needed to improve methods of seedling production which were found to be a hodge-podge and need to be experimentally evaluated.

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CSO: 5450/0038

INDIA

BRIEFS

HISPA ATTACKS AMAN--Midnapore, Sept. 24.--Aman paddy plants in Contai, Tamluk and Chatal sub-divisions in the district have been affected by hispa, a pest caused by drought. According to district Agriculture Department officials here yesterday, the affected blocks include Contai 1, 2, 3 and Khejuri in Contai, Mahisadal 1, 2 and Sutahata 2 of Tamluk and Chandrakona 1 and 2 blocks of Chatal sub-divisions. The pest attack had taken an epidemic form in Mahisadal 2 block. A member of Midnapore Zilla Parishad, who is also the general secretary of the Moyna block Congress (I) committee yesterday in a deputation to the State Agriculture Minister, Mr Kamal Guha, at Writers' Buildings said the plants in those areas had been destroyed as Agriculture Department officials did not take adequate measures in time. Farmers of those areas had suffered a huge loss as the high-yielding variety of crops was damaged last year owing to poor irrigation facilities provided by the Midnapore Zilla Parishad. But the joint director of the Agriculture Midnapore Range denied the allegations and said insecticides had been supplied to farmers of affected blocks at 50% subsidy. Farmers of Mahisadal 2 block were supplied insecticides free as the block had been declared an epidemic area. Prices of raw jute have dropped 50% since August 29, the day the rural bandh was called for raising prices. [Text] [Calcutta THE STATESMAN in English 25 Sep 85 p 9] /9274

CSO: 5450/0033

PEOPLE'S REPUBLIC OF CHINA

PRC AGRICULTURE HIT BY PESTS, DISEASE

HK020556 Beijing CHINA DAILY in English 2 Nov 85 p 3

[Article by staff reporter Nie Lisheng]

[Text] China's agriculture, hard hit by droughts and floods, has also suffered the worst outbreak of rice and wheat diseases and pests in the 10 years since 1975.

In Henan Province, China's largest wheat producer, 3 million hectares or more than half of the wheat fields were stricken by wheat scab, with an estimated loss of 900,000 tons, accounting for 5.2 percent of its total production.

All other major wheat-producing areas along the Yellow and Huai rivers were also extensively affected by the disease.

According to Deputy Director Liu Songlin of the National General Station of Plant Protection, this was the first time that the wheat scab had seriously affected North China. Formerly, the threat was confined to wheat in the areas along the Yangtze River.

Wheat rust has plagued one-eighth of China's total wheat-sown areas of about 27 million hectares. In some provinces, it has caused serious drops in production.

Gansu Province, for example, lost 350,000 tons, or 20 to 30 percent, of its wheat production in half of its wheat areas.

Rice production has also been severely threatened by disease and pests. In South China, where the harvest season is setting in for late rice, about 5 million hectares of late paddy fields or one-seventh of China's total rice areas, were infested with rice hoppers in Hunan, Zhejiang, Guangdong, Jiangxi, Anhui and Shanghai, the aggregate loss of rice output is estimated at 300,000 tons.

The early rice was afflicted with blast in Hunan, Jiangxi, Sichuan and Yunnan, where a total of 1.5 million hectares of paddy fields was affected with an estimated 450,000 tons of rice lost.

Hunan Province, China's largest rice producer, was seriously affected by rice hoppers and blast in most of the province's paddy fields. The production is expected to drop by a considerable proportion.

This year's serious outbreak of crop diseases and pests has also caused much difficulty for farmers, the local reports received by the station said. Because of the drop in early rice output, many farmers in Jiangxi were forced to cut down the acreage planned for cash crops and to plant more late rice instead. This has greatly reduced their cash incomes, the reports said.

Many other farmers found it difficult to eke out a living because of the shortage of grain, not to say to fulfill the state grain purchasing quotas.

In Yujiang County, 31,600 farm families, or 50 percent of the country's total population, were affected by the disaster of rice blast; 5,800 households had no harvest at all. The whole county had to ask for a state grain supply of more than 3,000 tons. According to Deputy Director Liu, unusually wet weather was a major factor in aggravating the diseases and pests in wheat and rice.

In Henan, Shaanxi and northern Anhui, two or three times more rain fell in late spring and early summer, provoking the spread of wheat scab and rust.

In South China, a succession of three severe typhoons in August had brought in a vast amount of rice hoppers from the Pacific region and Southeast Asia.

For another reason, Liu said, the present wheat varieties were susceptible to scab, and many rice varieties were losing their usual resistance to diseases and pests.

The third important reason is that many localities have slacked their work on grain production after recent years of bumper harvests. As a result, the work of plant protection had suffered, as more and more attention was being diverted to the development of rural industries and other sideline occupations.

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VIETNAM

VEGETATION PROTECTION DEPARTMENT ISSUES WARNING

OW111215 Hanoi Domestic Service in Vietnamese 1100 GMT 9 Nov 85

[Text] According to a notice issued recently by the vegetation protection department, currently, stem borers are seriously ravaging the late 10th-month rice crop in the northern provinces, with an infestation density averaging 5-10 insects per square meter or 40 insects per square meter in high-lying areas. The sixth-generation butterflies of stem borers are developing uniformly and scattering eggs on the early fifth-month rice crop. Meanwhile, army worms and brown planthoppers are continuing to ravage the late 10th-month rice crop. Stem borers have ravaged more than 30,000 hectares of 10th-month rice in the Mekong Delta provinces and about 5,000 hectares in the central Vietnam coastal provinces, where the infestation density has reached 30 insects per square meter in some areas. Rice leaf rollers have ravaged ricefields in the southern provinces, mainly in the Mekong Delta provinces. Corn leaves have been ravaged by cirphis salebrosa, soybeans by leafminer flies, and tomatoes and potatoes by blue rot [beenhi heos xanh] and mosaic [beenhi phaan las].

It is forecast that in the days ahead, stem borer larvae will continue to ravage the fifth-month rice areas in the northern provinces and stem borers will continue to prevail in the coastal areas of central and southern Vietnam while nematoda [beenhi tuyeens trungf] will develop vigorously in the Mekong Delta provinces.

It is suggested that localities continue to eradicate army worms and brown planthoppers on the late 10th-month rice and stem borer larvae on rice seedlings and carry out sanitary work in ricefields after harvesting the 10th-month rice. The southern provinces should promptly eradicate stem borers to prevent them from ravaging the winter-spring rice crop and take preventive measures against crop pests which may ravage winter crops such as corn, soybeans, vegetables, and beans.

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CSO: 5400/4322

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